

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 AM 9:20

DOCUMENT # P93000041695 (6)

1. Corporation Name

SOUTH VOLUSIA PROPERTIES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
P.O. BOX 838 TAMPA FL 33601-0838		P.O. BOX 838 TAMPA FL 33601-0838	

3. Date Incorporated or Qualified 06/07/1993	3a. Date of Last Report 01/19/1994
4. FEI Number 59-3186978	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Total Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under 19-110002, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Zip	25. Country
29. Zip	30. Country

9. Name and Address of Current Registered Agent

**LAU, MARY A
100 S. ASHLEY DR.
SUITE 1700
TAMPA FL 33602**

10. Name and Address of New Registered Agent

01. Name
02. Street Address (P.O. Box Number is Not Acceptable)
03.
04. City

FL 05. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1501, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent familiar with, and accept the obligations of, Section 607.0509, Florida Statutes.

SIGNATURE _____ (Signature of present name of registered agent and their legal title) _____ (Signature of registered agent who is accepting appointment)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS, AND OFFICE CHANGES	
TITLE	D	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAU, JAMES V	2. NAME	
STREET ADDRESS	P O BOX 838 N/A	3. STREET ADDRESS	
CITY, ST, ZIP	TAMPA FL 33601	4. CITY, ST, ZIP	
TITLE	D	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCREADIE, DAVID W	6. NAME	
STREET ADDRESS	P O BOX 838 N/A	7. STREET ADDRESS	
CITY, ST, ZIP	TAMPA FL 33601	8. CITY, ST, ZIP	
TITLE	D	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONLEY, TIMOTHY C	10. NAME	
STREET ADDRESS	P O BOX 838 N/A	11. STREET ADDRESS	
CITY, ST, ZIP	TAMPA FL 33601	12. CITY, ST, ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. CITY, ST, ZIP	
TITLE		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY, ST, ZIP		24. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(4)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my corporation shall have the same kept open as if made under oath, that I am an officer or director of this corporation or the person or persons empowered to execute this report as required by Chapter 107, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an alternate form with an addendum.

SIGNATURE: *James V. Lau* James V. Lau 1-11-95 (813) 229-2121