FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY 19 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000044171 (5)**

1. Corporate Name
THE FOUR E COMPANY

Principal Place of Business
530 EAST CENTRAL BLVD.
STE. 804
ORLANDO FL

Mailing Address
POST OFFICE BOX 536954
ORLANDO FL 32853-6954

3. Date Incorporated or Qualified: 06/23/1993
3a. Date of Last Report: 04/13/1994

21 1220 WINDSOR AV
22 Suite Apt # or Bldg
23 LONGWOOD, FL
24 Zip: 32750
25 County: SEMINOLE

26 1220 WINDSOR AV
27 Suite Apt # or Bldg
28 LONGWOOD FL
29 Zip: 32750
30 County: SEMINOLE

4. FEI Number: 59-3185258 — Applied For / Not Applicable
5. Certificate of Status Desired: [ ] $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [ ] $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Yes [X] No [ ]

9. Name and Address of Current Registered Agent
BERMAN, JED
180 SOUTH KNOWLES AVENUE
WINTER PARK FL 32789

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL
85 Zip Code

11. Pursuant to the provisions of Section 607.0505 of the Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JONES, DALE J
STREET ADDRESS	530 E CENTRAL S804
CITY, ST, ZIP	ORLANDO FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

TITLE	PD [X] Change [ ] Add/Del
NAME	JONES, DALE S.
STREET ADDRESS	1220 WINDSOR AV
CITY, ST, ZIP	LONGWOOD FL 32750

14. I hereby certify that the information supplied with this report, knowingly furnished, does not qualify for the exemption stated in Section 119.07, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears on the roster of officers and directors with an asterisk.

SIGNATURE: DALE S. JONES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/95

407 834-9762

0085032 CP

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Secretary of State
DIVISION OF CORPORATIONS

APPROVED
FILED

DOCUMENT # **P93000044272 (1)**

1. Corporation Name
SHERIDAN WOODS DEVELOPMENT CORP.

Principal Place of Business
1499 S. HARVEST CITY BLVD.
MELBOURNE FL 32901

Mailing Address
8010 N WICKMAN RD.
MELBOURNE FL 32940
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/22/1993
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business
21 8010 N. Wickham Rd.
Suite, Apt. # etc.
22
City & State
23 Melbourne, FL
Zip
24 32940
County
25 US

2a. Mailing Address
26
Suite, Apt. # etc.
27
City & State
28
Zip
29
County
30

4. FEI Number: 59-3196903
Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under § 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
CLARK, COY A
8010 N. WICKHAM ROAD
MELBOURNE FL 32940

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL
85 Zip Code

11. Pursuant to the provisions of Section 607.0501 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 the appointment as registered agent. I am familiar with and accept the obligations of section 607.0501 Florida Statutes.

SIGNATURE

12. ADD OR DELETE DIRECTORS
Title
NAME
PSTD
CLARK, COY A
8010 N WICKMAN RD.
MELBORUNE FL
Street Address
City, State, Zip

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
Title
NAME
Street Address
City, State, Zip
☐ Change ☐ Add

14. I hereby certify that the information supplied with this filing is voluntarily furnished and accepted solely for the purpose of complying with Section 607.0501 Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall serve the same legal effect as if made under oath. That I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 Florida Statutes and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet with an address.

SIGNATURE: Coy A. Clark
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Coy A. Clark

4/17/95
Date

(407) 255-3400
Daytime Phone

0074187 CP