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 APR 13 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000059595 (7)**

1. Corporation Name

SAWGRASS HOMES, INC.

Principal Place of Business	Mailing Address
1015 MARINA CLUB DR. PANAMA CITY BEACH FL 32411 US	P. O. BOX 16196 PANAMA CITY BEACH FL 32417 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/20/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business 21: 401 OTTO LANE
Suite, Apt. #, etc 22:
City & State 23: P.C. BCH, FLA.
Zip 24: 32408 Country 25: U.S.A.

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

4. FEI Number: 59-3199186 ☐ 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

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MOLLOY, THOMAS P JR.
1728 WAHOO CIRCLE ← NEW ADDRESS
P. O. BOX 28042
PANAMA CITY BEACH FL 32411

10. Name and Address of New Registered Agent

81 Name: THOMAS P. MOLLOY JR.
82 Street Address (P.O. Box Number is Not Acceptable): 401 OTTO LANE
83: ~~P.O. BOX 28042~~
84 City: P.C. BCH, FL 85 Zip Code: 32408

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, Typed or Printed Name of Registered Agent and Title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☑ Change ☐ Addition
NAME	MOLLOY, TOM P JR.	12 NAME		
STREET ADDRESS	1728 WAHOO CIR. ←	13 STREET ADDRESS	401 OTTO LANE	
CITY ST ZIP	PANAMA CITY BCH, FL	14 CITY ST ZIP	P.C. BCH, FL 32408	
TITLE	VST	21 TITLE		☐ Change ☐ Addition
NAME	MOLLOY, SALLY B	22 NAME		
STREET ADDRESS	1015 MARINA CLUB DR.	23 STREET ADDRESS		
CITY ST ZIP	PANAMA CITY BCH, FL	24 CITY ST ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

4/11

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(3)(i), 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: PRESIDENT Tom P. Molloy Jr. 4/11/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #: 904-235-7777

0410710 FP