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 28 AM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000062198 (5)**

1. Corporation Name
WESTOVER PROPERTIES, INC.

Principal Place of Business	Mailing Address
3491-11 THOMASVILLE ROAD #222 TALLAHASSEE FL 32308	3491-11 THOMASVILLE ROAD #222 TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/07/1993
3a. Date of Last Report: 06/22/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 59-3199895 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☑ $8.75 Additional Fee Required
City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip — 24 Country — 25
Zip — 29 Country — 30
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

O'LEARY, PATRICK G
249 JOHN KNOX ROAD
SUITE 201
TALLAHASSEE FL 32303

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 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: Patrick G. O'Leary — PATRICK G. O'LEARY (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) — DATE: 4/27/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☑ Change ☐ Addition
NAME	O'LEARY, PATRICK G	12 NAME	
STREET ADDRESS	6130 BORDERLINE DR.	13 STREET ADDRESS	249 JOHN KNOX ROAD SUITE 201
CITY-ST-ZIP	TALLAHASSEE FL 32312	14 CITY-ST-ZIP	32303
TITLE	STD	21 TITLE	☑ Change ☐ Addition
NAME	O'LEARY, SANDRA L	22 NAME	
STREET ADDRESS	% 3491-11 THOMASVILLE RD., #222	23 STREET ADDRESS	249 JOHN KNOX ROAD SUITE 201
CITY-ST-ZIP	TALLAHASSEE FL 32308	24 CITY-ST-ZIP	32303
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	300001472403
STREET ADDRESS		33 STREET ADDRESS	-05/03/95--01020--009
CITY-ST-ZIP		34 CITY-ST-ZIP	****208.75 ****208.75
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	CH

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: Patrick G. O'Leary — PATRICK G. O'LEARY — 4/27/95 — 904/562-5222
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

040997 FP