FILE NOW; FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

DOCUMENT # P93000076755 (6)

1. Corporation Name

SOJO PROPERTIES, INC.

Principal Place of Business: 300 W. ADAMS ST. JACKSONVILLE FL 32202

Mailing Address: P.O. BOX 41366 JACKSONVILLE FL 32203

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/05/1993

3a. Date of Last Report: 07/22/1994

4. FEI Number: 59-3210988 — 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

2. Principal Place of Business

21

22 Suite, Apt. # etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 4324 ATLANTIC Blvd

27 Suite, Apt. # etc.

28 City & State: JAX, FL.

29 Zip: 32207 30 Country: US

8. ... Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.
417 E VIRGINIA ST
SUITE 1
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: Douglas Solomon

82 Street Address (P.O. Box Number is Not Acceptable): 4324 ATLANTIC Blvd.

83

84 City: JAX, FL FL 85 Zip Code: 32207

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: [signature] Pres. - Douglas Solomon 4-27-95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SOLOMON, DOUGLAS
STREET ADDRESS	4324 ATLANTIC BLVD
CITY-ST-ZIP	JACKSONVILLE FL 32207
TITLE	D
NAME	JOHNSON, ROBERT
STREET ADDRESS	BOX 41366 N/A
CITY-ST-ZIP	JACKSONVILLE FL 32203
TITLE	D
NAME	GREEN, TERRY
STREET ADDRESS	BOX 41366 N/A
CITY-ST-ZIP	JACKSONVILLE FL 32203
TITLE	D
NAME	BELL, HARLEY
STREET ADDRESS	BOX 41366 N/A
CITY-ST-ZIP	JACKSONVILLE FL 32203
TITLE	D
NAME	HOWARD, JAMES
STREET ADDRESS	BOX 41366 N/A
CITY-ST-ZIP	JACKSONVILLE FL 32203
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 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(3)(k), 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: [signature] Pres. 4-27-95 904-398-0131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Douglas Solomon

0022349 CP