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 -1 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000088616 (6)**

1. Corporate Name
GOLDEN ACRES ESTATES DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
8930 DECUBELLIS RD. NEW PORT RICHEY FL 34654	8930 DECUBELLIS RD. NEW PORT RICHEY FL 34654

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/29/1993**
3a. Date of Last Report: **03/17/1994**

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

4. FEI Number: **APPLIED FOR 59-3225134** ☐ 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, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LITTLE, PETER
8930 DECUBELLIS RD.
NEW PORT RICHEY FL 34654

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 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
Title	DP	Title	☐ Change ☐ Addition
Name	LITTLE, PETER	Name	
Street Address	8930 DECUBELLIS RD.	Street Address	
City-St-Zip	NEW PORT RICHEY FL 34654	City-St-Zip	
Title	D	Title	☐ Change ☐ Addition
Name	WILLIAMS, DAVID	Name	
Street Address	8930 DECUBELLIS RD.	Street Address	
City-St-Zip	NEW PORT RICHEY FL 34654	City-St-Zip	
Title	S	Title	☐ Change ☐ Addition
Name	WILLIAMS, DAWN	Name	
Street Address	8930 DECUBELLIS RD.	Street Address	
City-St-Zip	NEW PORT RICHEY FL 34654	City-St-Zip	
Title	D	Title	☐ Change ☐ Addition
Name	MITCHELL, D. DEWEY	Name	
Street Address	9108 U.S. HWY. 19 NORTH	Street Address	
City-St-Zip	PORT RICHEY FL 34668	City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 13 above, if applicable, or on an attachment with an address.

SIGNATURE: David W. Williams — 4/26/95 — 813-841-0755

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

0372496 CP

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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED

DOCUMENT # P93000088897 (2)

1. Corporation Name
MARK A. DEMONT INSURANCE AGENCY, INC.

Principal Place of Business
2425-B MAHAM DR.
TALLAHASSEE FL 32308

Mailing Address
2425-B MAHAM DR.
TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/01/1994	3a. Date of Last Report
4. FEI Number: 59-3250327	☐ 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 qualifies for intangible tax under s. 199.023, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 2425-B Mahan Dr.	26 2425-B Mahan Dr.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

DEMONT, MARK A
2425-B MAHAM DR.
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 2425-B Mahan Dr.
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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	[X] Change ☐ Addition
NAME	DEMONT, MARK A	12 NAME	
STREET ADDRESS	2425-B MAHAM DR.	13 STREET ADDRESS	2425-B Mahan Dr.
CITY-ST-ZIP	TALLAHASSEE F; 32308	14 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		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	

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(1)(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: Mark A. Demont 4/27/95 942-7760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0027840 CP