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 11 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000004316 (3)**

1. Corporation Name
PEACHTREE PROPERTIES, INC.

Principal Place of Business	Mailing Address
8850 CAMSHIRE DRIVE JACKSONVILLE FL 32244	8850 CAMSHIRE DRIVE JACKSONVILLE FL 32244

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/10/1994**
3a. Date of Last Report:

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

4. FEI Number: 59-2711048 ☐ 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	10. Name and Address of New Registered Agent	
~~HALLOWES, BORDEN R~~ ~~1400 KINGSLEY AVE.~~ ~~ORANGE PARK FL 32073~~	81 Name: JAMES E. HALL, JR.	
	82 Street Address (P.O. Box Number is Not Acceptable): 8850 CAMSHIRE DR	
	83	
	84 City: JACKSONVILLE	85 FL Zip Code: 32244-5988

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: _____ 4/3/95
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT, DIRECTOR	11 TITLE	☐ Change ☐ Addition
NAME	JACQUELINE F. HALL	12 NAME	
STREET ADDRESS	8850 CAMSHIRE DRIVE	13 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE, FL 32244-5988	14 CITY ST ZIP	
TITLE	SEC. TREASURER, DIRECTOR	21 TITLE	☐ Change ☐ Addition
NAME	JAMES E. HALL	22 NAME	
STREET ADDRESS	8850 CAMSHIRE DRIVE	23 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE, FL 32244-5988	24 CITY ST ZIP	
TITLE	DIRECTOR	31 TITLE	☐ Change ☐ Addition
NAME	JAMES G. FISH, JR.	32 NAME	
STREET ADDRESS	4826 MALPAS LANE	33 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE, FL 32210	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	

4/3/13

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: James E. Hall 3/31/95 727-571-2
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0407337 FP