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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:36

DOCUMENT # **P94000022553 (9)**

1. Corporation Name
SHADY OAKS DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
801 N. MAGNOLIA AVE. SUITE 401 ORLANDO FL 32803	801 N. MAGNOLIA AVE. SUITE 401 ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/23/1994
3a. Date of Last Report: N/A

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27

City & State — 23 / 28

Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-3239490 ☐ 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

SOBERING GRAY & WHITE P.A.
201 S. ORANGE AVE.
SUITE 760
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: C. E. BROOKS
82 Street Address (P.O. Box Number is Not Acceptable): 801 N. MAGNOLIA AVE.
83 Suite 401
84 City: ORLANDO FL 85 Zip Code: 32803

11. Pursuant to the provisions of Section 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	D	11 TITLE	PD	☒ Change ☐ Addition
NAME	BROOKS, CHARLES E	12 NAME		
STREET ADDRESS	1255 MAJESTIC OAK DRIVE	13 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL 32712	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	VD	☒ Change ☐ Addition
NAME	GARNER, JOHN M	22 NAME		
STREET ADDRESS	1551 N.E. 103 ST.	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI SHORES FL 33138	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	VD	☒ Change ☐ Addition
NAME	MCCLANAHAN, BILL L	32 NAME		
STREET ADDRESS	687 GEORGIA AVE.	33 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32789	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☒ Addition
NAME	Brooks, Cynthia M.	42 NAME		
STREET ADDRESS	1255 Majestic Oak Drive	43 STREET ADDRESS		
CITY-ST-ZIP	Apopka, Fl 32712 ST	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(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: _____ C.M. Brooks 4/3/95 (407) 422-4474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0065101 CP