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 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000025226 (9)**

1. Corporation Name

SB REAL ESTATE HOLDINGS, INC.

Principal Place of Business
James A. Head
50 N LAURA ST
~~MIAMI~~ MC 099-000-1812
JACKSONVILLE FL 32202

Mailing Address
James A. Head
50 N LAURA ST
~~MIAMI~~ MC 099-000-1812
JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **03/25/1994** | 3a. Date of Last Report:

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: | Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: | Country — 30:

4. FEI Number: **59-324 2906** ☐ 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 **on consolidated basis**

9. Name and Address of Current Registered Agent

HEAD, JAMES A
50 N LAURA ST
~~MIAMI~~ MC 099-000-1812
JACKSONVILLE FL 32202

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 _____ 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~~	1.1 TITLE	D/S/T/V	☒ Change ☐ Addition
NAME	HEAD, JAMES A	1.2 NAME		
STREET ADDRESS	~~50 N LAURA ST 6TH FL~~	1.3 STREET ADDRESS	50 N. LAURA, MC 099-000-1812	
CITY-ST-ZIP	JACKSONVILLE FL 32202	1.4 CITY-ST-ZIP		
TITLE		2.1 TITLE	D/P	☐ Change ☒ Addition
NAME		2.2 NAME	MILLER, ROBERT F., JR.	
STREET ADDRESS		2.3 STREET ADDRESS	50 N. LAURA ST., MC 099-000-1830	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE		3.1 TITLE	D/AS/V	☐ Change ☒ Addition
NAME		3.2 NAME	JARBOE, LLOYD ALLEN, JR.	
STREET ADDRESS		3.3 STREET ADDRESS	50 N. LAURA ST., MC 099-000-1830	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE		4.1 TITLE	V	☐ Change ☒ Addition
NAME		4.2 NAME	MULLINS, ROBERT W.	
STREET ADDRESS		4.3 STREET ADDRESS	100 N. LAURA ST., MC 099-000-0930	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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: _____ **James A. Head** **(904) 791-5275**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

Director, Secretary, Treasurer and Vice President Date: **4/5/95**

0018967 CP