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 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000025227 (7)

1. Corporation Name
HECKSHER REAL ESTATE HOLDINGS, INC.

Principal Place of Business
Jim Head
50 N LAURA ST
~~9TH FL~~ MC 099-000-1812
JACKSONVILLE FL 32202

Mailing Address
Jim Head
50 N LAURA ST
~~9TH FL~~ MC 099-000-1812
JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/24/1994
3a. Date of Last Report:

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

4. FEI Number: 59-3242908 ☐ 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
~~9TH FL~~ 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 (Required: 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	~~D~~	11 TITLE	D/S/T/V	☒ Change ☐ Addition
NAME	HEAD, JAMES A	12 NAME		
STREET ADDRESS	~~50 N LAURA ST 9TH FL~~	13 STREET ADDRESS	50 N. LAURA STREET MC: 099-000-1812	
CITY ST ZIP	JACKSONVILLE FL 32202	14 CITY ST ZIP		
TITLE		21 TITLE	D/P	☐ Change ☒ Addition
NAME		22 NAME	MILLER, ROBERT F., JR.	
STREET ADDRESS		23 STREET ADDRESS	50 N. LAURA STREET MC 099-000-1830	
CITY ST ZIP		24 CITY ST ZIP	JACKSONVILLE, FL 32202	
TITLE		31 TITLE	D/AS/V	☐ Change ☒ Addition
NAME		32 NAME	JARBOE, LLOYD ALLEN, JR.	
STREET ADDRESS		33 STREET ADDRESS	50 N. LAURA STREET, MC 099-000-1830	
CITY ST ZIP		34 CITY ST ZIP	JACKSONVILLE, FL 32202	
TITLE		41 TITLE	V	☐ Change ☒ Addition
NAME		42 NAME	BUEROSSE, MARCUS	
STREET ADDRESS		43 STREET ADDRESS	801 E. HALLANDALE	
CITY ST ZIP		44 CITY ST ZIP	HALLANDALE, FL 33009	
TITLE		51 TITLE	V	☐ Change ☒ Addition
NAME		52 NAME	BLANKSTEIN, ALAN	
STREET ADDRESS		53 STREET ADDRESS	801 E. HALLANDALE	
CITY ST ZIP		54 CITY ST ZIP	HALLANDALE, FL 33009	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP	T.S. 6/20/95	64 CITY ST ZIP	$5.00 POSTED BY BANK MAY 1	

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

0013010 CP