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 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000025570 (0)**

1. Corporation Name
ETHAN PROPERTIES, INC.

Principal Place of Business	Mailing Address
~~2591 SCOUTRIDGE COURT~~ ~~ORANGE PARK FL 32073~~	P.O. BOX 2997 LAKE CITY FL 32056

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/01/1994
3a. Date of Last Report:

2. Principal Place of Business
21 Rt. 7 Box 47
22 Suite, Apt. #, etc.
23 City & State: LAKE CITY FL
24 Zip: 32055 25 County: COLUMBIA

2a. Mailing Address
26 P.O. Box 2997
27 Suite, Apt. #, etc.
28 City & State: LAKE CITY FL
29 Zip: 32056 30 County: COLUMBIA

4. FEI Number: 59-3250361 ☐ 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

JONES, JIMMY G
~~2591 SCOUTRIDGE COURT~~
~~ORANGE PARK FL 32073~~

10. Name and Address of New Registered Agent

81 Name: JIMMY G. JONES
82 Street Address (P.O. Box Number is Not Acceptable): 2569 INGLEWOOD DR
83
84 City: LAKE CITY FL 85 Zip Code: 32025

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: Jimmy G. Jones JIMMY G. JONES 4/17/95
(Typed or printed name of registered agent and title if officer) (NOTE: Registered agent capacity required when filing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT JIMMY G. JONES P.O. BOX 2997 LAKE CITY, FL 32056	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	President Jimmy G. Jones P.O. Box 2997 Lake City, FL 32056 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC/TREAS ELLEN D. JONES P.O. BOX 2997 LAKE CITY, FL 32056	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	Sec/Treas Ellen D. Jones P.O. Box 2997 Lake City, FL 32056 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	PRESIDENT JIMMY G. JONES 2569 INGLEWOOD DR. LAKE CITY, FL 32025 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	SEC/TREAS ELLEN D JONES 2569 INGLEWOOD DR LAKE CITY, FL 32025 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	REMITTED BY MAY 1 ☐ Change ☐ Addition

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: Jimmy G. Jones JIMMY G. JONES 4/17/95 904-755-6894
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #

0401372 FP