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 PM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000028533 (5)

1. Corporation Name

BULLFROG ACRES, INC.

Principal Place of Business
101 E. KENNEDY BLVD.
SUITE 2985
TAMPA FL 33602

Mailing Address
101 E. KENNEDY BLVD.
SUITE 2985
TAMPA FL 33602

3. Date Incorporated or Qualified: 04/14/1994

3a. Date of Last Report:

2. Principal Place of Business (21)

2a. Mailing Address (26)

4. FEI Number: 59-3237338 — Applied For / Not Applicable

Suite, Apt. #, etc. (22) — Suite, Apt. #, etc. (27)

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

City & State (23) — City & State (28)

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

Zip (24) Country (25) — Zip (29) Country (30)

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DOWD, HENRY R
101 E. KENNEDY BLVD.
SUITE 2985
TAMPA FL 33602

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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	BISSETT, WILLIAM P JR.	1.2 NAME	
STREET ADDRESS	1904 CAPE BEND AVE.	1.3 STREET ADDRESS	
CITY ST ZIP	TAMPA FL 33613	1.4 CITY ST ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	MCGRATH, WILLIAM E	2.2 NAME	
STREET ADDRESS	1804 CAPE BEND AVE.	2.3 STREET ADDRESS	
CITY ST ZIP	TAMPA FL 33613	2.4 CITY ST ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	STEINER, NELSON C	3.2 NAME	
STREET ADDRESS	5012 W. LEMON ST.	3.3 STREET ADDRESS	
CITY ST ZIP	TAMPA FL 33609	3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
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)(k), 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 hereinabove or on an attachment with an address.

SIGNATURE: _____ April 29, 95 (813) 229-2929

SIGNATURE AND TYPED OR PRINTED NAME OF ALONG OFFICER OR DIRECTOR — Date — Daytime Phone #

0260187 CP