FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAY -1 AM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995 S19500 B.603590

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000035912 (2)

1. Corporate Name
SHEEBA MOUNTAIN PROPERTIES, INC.

Principal Place of Business	Mailing Address
2854 COASTAL HIGHWAY, #3 ST. AUGUSTINE FL 32095	2854 COASTAL HIGHWAY, #3 ST. AUGUSTINE FL 32095

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/12/1994
3a. Date of Last Report:

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

26 2a. Mailing Address
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 County

4. FEI Number: 59-3256279 ☐ 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. The corporation is currently organized for a purpose that complies with Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PRESTON, MARY LOU
~~8775 U.S. 1 SOUTH~~
~~SUITE 4~~
ST. AUGUSTINE FL 32086

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 150 Kent Rd 1-B
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Section 607.1005, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Said 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 607.325, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, ETC.
31	D	☐ Change ☐ Addition
NAME	MACVICAR, MORGANA	
STREET ADDRESS	C/O 2854 COASTAL HIGHWAY #3	
CITY ST ZIP	ST. AUGUSTINE FL 32095	
32	D	☐ Change ☐ Addition
NAME	LIEU, BARBARA	
STREET ADDRESS	C/O 2854 COASTAL HIGHWAY #3	
CITY ST ZIP	ST. AUGUSTINE FL 32095	
33	D	☐ Change ☐ Addition
NAME	SCHMIDT, FAYANN	
STREET ADDRESS	2854 COASTAL HIGHWAY, #3	
CITY ST ZIP	ST. AUGUSTINE FL 32095	
34		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
35		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
36		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		

14. I declare under penalty 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: Barbara N. Lieu
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
X BARBARA H. LIEU

4/25/95 (205-634-4493)
Date / Daytime Phone

0007894 CP