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 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000049069

1. Corporation Name
THE PEREGRINE REALTY GROUP, CORPORATION

400001476694
-05/05/95--01006--025
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
20717 CHESTNUT ST. DUNNELLON, FL 34431	20717 CHESTNUT ST. DUNNELLON, FL. 34431

3. Date Incorporated or Qualified: 6·27·94
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: 59-3255023 — 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 § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RICKY D. McPHILLIPS 20717 CHESTNUT ST. DUNNELLON, FL. 34431	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	PRESIDENT/DIRECTOR	11 TITLE	☐ Change ☐ Addition
NAME	RICKY DAVID McPHILLIPS	12 NAME	
STREET ADDRESS	20717 CHESTNUT ST.	13 STREET ADDRESS	
CITY ST ZIP	DUNNELLON, FL. 34431	14 CITY ST ZIP	
TITLE	SECRETARY	21 TITLE	☐ Change ☐ Addition
NAME	RICKY DAVID McPHILLIPS	22 NAME	
STREET ADDRESS	20717 CHESTNUT ST.	23 STREET ADDRESS	
CITY ST ZIP	DUNNELLON, FL 34431	24 CITY ST ZIP	
TITLE	TREASURER	31 TITLE	☐ Change ☐ Addition
NAME	RICKY DAVID McPHILLIPS	32 NAME	
STREET ADDRESS	20717 CHESTNUT ST.	33 STREET ADDRESS	
CITY ST ZIP	DUNNELLON, FL. 34431	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

$875.11

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: RICKY DAVID McPHILLIPS R.D. McP 4·29·95 (904) 465-4388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #