**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

**1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000065561 (0)**

1. Corporation Name

**SOUTHWOOD DEVELOPMENT CORPORATION OF ST. AUGUSTI NE, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 4475 US 1 SOUTH<br>UNIT 201<br>ST. AUGUSTINE FL 32086 | 4475 US 1 SOUTH<br>UNIT 201<br>ST. AUGUSTINE FL 32086 |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 3. Date Incorporated or Qualified: 09/01/1994 | 3a. Date of Last Report: NA |
| 2. Principal Place of Business: 21 4475 US 1 South | 2a. Mailing Address: 25 4475 US 1 South |
| Suite, Apt. #, etc.: 22 Unit 203 | Suite, Apt. #, etc.: 27 Unit 203 |
| City & State: 23 St. Augustine, FL | City & State: 28 St. Augustine, FL |
| Zip: 24 32086 County: 25 U.S. | Zip: 29 32086 County: 30 U.S. |
| 4. FEI Number: 59-3273449 | ☐ 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

JACOBSEN, ARFEST
4475 US 1 SOUTH
UNIT 201
ST. AUGUSTINE FL 32086

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when mandatory

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | DPT | 11 TITLE | ☐ Change ☐ Addition |
| NAME | ROBINS, PERRY | 12 NAME | |
| STREET ADDRESS | 4475 US 1 SOUTH, UNIT 201 | 13 STREET ADDRESS | |
| CITY ST ZIP | ST. AUGUSTINE FL 32086 | 14 CITY ST ZIP | |
| TITLE | DVS | 21 TITLE | ☐ Change ☐ Addition |
| NAME | JACOBSEN, ARFEST | 22 NAME | |
| STREET ADDRESS | 4475 US 1 SOUTH, UNIT 201 | 23 STREET ADDRESS | |
| CITY ST ZIP | ST. AUGUSTINE FL 32086 | 24 CITY ST ZIP | |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY ST ZIP | | 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 | |

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 added to this report with an address.

**SIGNATURE:** Arfest Jacobsen 4/24/95 904-794-1081
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

000618 CP