FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

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

1996 4-22-96 B- 4096 C

DOCUMENT # P94000065561 (0)

1. Corporation Name

SOUTHWOOD DEVELOPMENT CORPORATION OF ST. AUGUSTI NE, INC.

Principal Place of Business

4475 US 1 SOUTH
UNIT 203
ST AUGUSTINE FL 32086
US

Mailing Address

4475 US 1 SOUTH
UNIT 203
ST. AUGUSTINE FL 32086
US

3. Date Incorporated or Qualified: 09/01/1994

3a. Date of Last Report: 04/28/1995

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

2. Principal Place of Business
21 4475 U.S. 1 South
Suite, Apt. #, etc.
22 Suite 203
City & State
23 St. Augustine, FL
Zip 24 32086
Country 25 U.S

2a. Mailing Address
26 4475 U.S. 1 South
Suite, Apt. #, etc.
27 Suite 203
City & State
28 St. Augustine, FL
Zip 29 32086
Country 30 U.S.

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 Section 607.1005 and 607.1500, 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

12. OFFICERS AND DIRECTORS

TITLE	DPT	☐ DELETE
NAME	ROBINS, PERRY	
STREET ADDRESS	4475 US 1 SOUTH, UNIT 201	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE	DVS	☐ DELETE
NAME	JACOBSEN, ARFEST	
STREET ADDRESS	4475 US 1 SOUTH, UNIT 201	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information indicated on this report or supplemental 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 above.

SIGNATURE: X Perry Robins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

CR2E034 (12/95)