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 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000068136 (8)

1. Corporation Name
WILDWOOD DEVELOPMENT COMPANY, INC.

Principal Place of Business
817 PINEDALE ROAD
FT LAUDERDALE FL 32547

Mailing Address
P O BOX 456
FT WALTON BEACH FL 32549

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/13/1994
3a. Date of Last Report:

2. Principal Place of Business: 21 817 Pinedale Road
22 Suite, Apt. # etc.:
23 City & State: Ft. Walton Beach, FL
24 Zip: 32547
25 Country:

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

4. FEI Number: 59-3273913 ☐ 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

LARSON, LOWELL C JR
817 PINEDALE ROAD
FT LAUDERDALE FL 32547

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 ____

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	LARSON, LOWELL C JR
STREET ADDRESS	P O BOX 456
CITY-ST-ZIP	FT WALTON BEACH FL 32549
TITLE	V
NAME	WHITWORTH, LEO
STREET ADDRESS	P O BOX 456
CITY-ST-ZIP	FT WALTON BEACH FL 32549
TITLE	S
NAME	BRUNER, MAX JR
STREET ADDRESS	P O BOX 456
CITY-ST-ZIP	FT WALTON BEACH FL 32549
TITLE	T
NAME	WALKER, WINSTON G
STREET ADDRESS	P O BOX 456
CITY-ST-ZIP	FT WALTON BEACH FL 32549
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
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 on an attachment with an address.

SIGNATURE: ____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGN HERE

Date: ____ Daytime Phone: (904)863-3242

0391067 CP

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

DOCUMENT # **P94000068139 (2)**

1. Corporation Name
WILDWOOD ASSOCIATES, INC.

Principal Place of Business	Mailing Address
817 PINEDALE ROAD FT WALTON BEACH FL 32549	P O BOX 456 FT WALTON BEACH FL 32549

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/13/1994
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-3273910 ☐ 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

LARSON, LOWELL C JR
817 PINEDALE ROAD
FT WALTON BEACH FL 32549

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)

12. OFFICES AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	LARSON, LOWELL C JR	12 NAME	
STREET ADDRESS	P O BOX 456 N/A	13 STREET ADDRESS	
CITY ST ZIP	FT WALTON BEACH FL 32549	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	WHITWORTH, LEO	22 NAME	
STREET ADDRESS	P O BOX 456 N/A	23 STREET ADDRESS	
CITY ST ZIP	FT WALTON BEACH FL 32549	24 CITY ST ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	READY, JAMES M	32 NAME	
STREET ADDRESS	P O BOX 456 N/A	33 STREET ADDRESS	
CITY ST ZIP	FT WALTON BEACH FL 32549	34 CITY ST ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	BRUNER, MAX JR	42 NAME	
STREET ADDRESS	P O BOX 456 N/A	43 STREET ADDRESS	
CITY ST ZIP	FT WALTON BEACH FL 32549	44 CITY ST ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	WALKER, WINSTON G	52 NAME	
STREET ADDRESS	P O BOX 456 N/A	53 STREET ADDRESS	
CITY ST ZIP	FT WALTON BEACH FL 32549	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 currently true and accurate and that proper notice has been given as required by Chapter 607, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall constitute an affirmation 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 the report.

SIGNATURE: _____ (Date)
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL

(904) 863-3242
Daytime Phone #

0391059 CP