# 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 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000090776 (3)**

1. Corporation Name
**RED FEATHER CORPORATION**

| Principal Place of Business | Mailing Address |
|---|---|
| 30 SKYLINE DRIVE, 2ND FLOOR<br>LAKE MARY FL 32726 | 30 SKYLINE DRIVE, 2ND FLOOR<br>LAKE MARY FL 32726 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/15/1994**
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 — ☒ 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

**DOWD, H. ROBERT**
**30 SKYLINE DRIVE, 2ND FLOOR**
**LAKE MARY FL 32726**

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City **FL** 95 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, type 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 | ~~D~~ | 11 TITLE | Delete | ☑ Change ☐ Addition |
| NAME | ~~RICKELS, MICHAEL~~ | 12 NAME | | |
| STREET ADDRESS | ~~190 ROLLING HILLS LANE~~ | 13 STREET ADDRESS | | |
| CITY ST ZIP | ~~DAPHNE AL 36526~~ | 14 CITY ST ZIP | | |
| TITLE | D | 21 TITLE | Director/President | ☑ Change ☐ Addition |
| NAME | DOWD, DOUGLAS | 22 NAME | | |
| STREET ADDRESS | 11 PALMETTO PKWY. | 23 STREET ADDRESS | | |
| CITY ST ZIP | HILTON HEAD SC 29926 | 24 CITY ST ZIP | | |
| TITLE | D | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | DOWD, MICHAEL | 32 NAME | | |
| STREET ADDRESS | 30 SKYLINE DRIVE, 2ND FLOOR | 33 STREET ADDRESS | | |
| CITY ST ZIP | LAKE MARY FL 32726 | 34 CITY ST ZIP | | |
| TITLE | Vice Pres/Secretary | 41 TITLE | VP/S | ☐ Change ☑ Addition |
| NAME | Stan Gibbens | 42 NAME | Stan Gibbens | |
| STREET ADDRESS | 11 Palmetto Parkway | 43 STREET ADDRESS | 11 Palmetto Parkway | |
| CITY ST ZIP | Hilton Head, SC 29926 | 44 CITY ST ZIP | Hilton Head, SC 29926 | |
| TITLE | Vice Pres | 51 TITLE | VP | ☐ Change ☑ Addition |
| NAME | Danny McEldoon | 52 NAME | Danny McEldoon | |
| STREET ADDRESS | 30 skyline drive | 53 STREET ADDRESS | 30 Skyline Drive | |
| CITY ST ZIP | Lake Mary FL 32746 | 54 CITY ST ZIP | Lake Mary, FL 32746 | |
| 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 on an attachment with an address.

**SIGNATURE:** Edward Stan, Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95 (Date) 407-444-0101 (Daytime Phone #)

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