FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000091206 (0)**

1. Corporation Name
ST. LUCIE GENERAL, INC.

Principal Place of Business
1733 W. FLETCHER AVENUE
TAMPA FL 33612
US

Mailing Address
1733 W. FLETCHER AVENUE
TAMPA FL 33612
US

3. Date Incorporated or Qualified: **12/15/1994**
3a. Date of Last Report: **04/25/1995**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

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

4. FEI Number: **59-3287761** — 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
WYCKOFF, MICHAEL D
802 11TH ST. WEST
BRADENTON FL 34205

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
Signature: typed or printed name of registered agent and date signature. If "11" Registered Agent signature required below, sign in ink. DATE

12. OFFICERS AND DIRECTORS

TITLE	PSTD ☒ DELETE
NAME	LEVIN, LEONARD
STREET ADDRESS	1733 W. FLETCHER AVENEU
CITY-ST-ZIP	TAMPA FL
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	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D ☐ Change ☒ Addition
1.2 NAME	RICHARD LEVIN
1.3 STREET ADDRESS	7646 N. LOCKWOOD RIDGE ROAD
1.4 CITY-ST-ZIP	SARASOTA, FL 34243
2.1 TITLE	V/S/D ☐ Change ☒ Addition
2.2 NAME	SUZANNE LEVIN RICE
2.3 STREET ADDRESS	1733 FLETCHER AVENUE
2.4 CITY-ST-ZIP	TAMPA, FL 33612
3.1 TITLE	V/S/D ☐ Change ☒ Addition
3.2 NAME	STEVEN LEVIN (N/A)
3.3 STREET ADDRESS	P.O. BOX 93-6260
3.4 CITY-ST-ZIP	MARGATE, FL 33093-6260
4.1 TITLE	T ☐ Change ☒ Addition
4.2 NAME	JILL LEVIN (N/A)
4.3 STREET ADDRESS	P.O. BOX 11229
4.4 CITY-ST-ZIP	KNOXVILLE, TN 37939
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	400001841704 ☐ Change ☐ Addition
6.2 NAME	-05/28/96--01068--028
6.3 STREET ADDRESS	***3200.00
6.4 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)(k), 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 or attached or on an attachment with an address.

SIGNATURE: Treasurer Jill Levin 4/23/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Date the Phone #

CR2E034 (12/95)