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 APR 19 AM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000091838 (0)

1. Corporation Name

CHAMPION INVESTMENTS OF NORTH FLORIDA, INC.

Principal Place of Business	Mailing Address
605 NE FIRST STREET GAINESVILLE FL 32602-0790	P.O. BOX 790 GAINESVILLE FL 32602-0790

3. Date Incorporated or Qualified: 12/16/1994
3a. Date of Last Report: N/A
4. FEI Number: 59-3300514 ☐ 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	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

TOVKACH, WALTER M
527 EAST UNIVERSITY AVE.
GAINESVILLE FL 32602

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 title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	1.1 TITLE	P ☐ Change ☒ Addition
NAME	TOVKACH, WALTER M	1.2 NAME	Hall, Barbara B
STREET ADDRESS	605 NE FIRST STREET	1.3 STREET ADDRESS	2006 NW 27th Street
CITY ST ZIP	GAINESVILLE FL 32602-0790	1.4 CITY ST ZIP	Gainesville, FL 32605
TITLE		2.1 TITLE	S/T ☐ Change ☒ Addition
NAME		2.2 NAME	Hall, Howard
STREET ADDRESS		2.3 STREET ADDRESS	2006 NW 27th Street
CITY ST ZIP		2.4 CITY ST ZIP	Gainesville, FL 32605
TITLE		3.1 TITLE	VP ☐ Change ☒ Addition
NAME		3.2 NAME	Ferraro, Paul V.
STREET ADDRESS		3.3 STREET ADDRESS	9124 SW 21st Avenue
CITY ST ZIP		3.4 CITY ST ZIP	Gainesville, FL 32605
TITLE		4.1 TITLE	☒ Change ☐ Addition
NAME		4.2 NAME	Towkach, Walter M.
STREET ADDRESS		4.3 STREET ADDRESS	(Delete as an Officer/Director)
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		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 if changed, or on an attachment with an address.

SIGNATURE: Barbara B. Hall — 4/10/95 — 904-372-3456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000122 FP