## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 27 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P96000025825 (6)

FAWN HOLLOW PROPERTIES, INC.

Principal Place of Business Mailing Address 5080 SATURDAY PLACE **5060 SATURDAY PLACE** COCOA FL 32926 COCOA FL 32926-2536 3. Date Incorporated or Qualified 3a. Date of Last Report 03/18/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-3378494 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 8. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 Country Country Ζıp 8. This corporation has liability for intangible tay under s. 199.032, Yes Yes **₩** No 29 30 Florida Statutes 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name Franklin, David A **5060 SATURDAY PLACE** 82 Street Address (P.O. Box Number is Not Acceptable) **COCOA FL 32926 B**3 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signariase (444, 43), printed monation registerial argorit and title if adjet cable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1,1 TOTLE THILE FRANKLIN, DAVID A 1.2 NAME NAM: 5060 SATURDAY PLACE 1.3 STREET ADDRESS STREET ADDRESS **COCOA FL 32926** 1.4 CITY-ST-ZIP CITY-ST-ZIP VD Change Addition DELETE 2.1 TITLE TITLE BLAZIER, CHARLES E 2.2 NAME NAME 226 FOOTHILLS DRIVE STREET ADDRESS 2.3 STREET ADDRESS SEYMOUR TN 37865 2 4 CITY-ST-ZIP Offin-ST-ZiP Change Addition DELETE THELE 31 TITLE 3.2 NAME MARAI STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CHY-ST-ZIP DELETE Change Addition 4.1 TITLE DILE 4. 2 NAME NAME 4.3 STREET ADDRESS STHELT ADDRESS 4.4 CITY - ST - ZIP Cily - \$1-2IP DELETE Change \_\_\_ Addition 5.1 TITLE DILE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CiTY-ST-ZIP CHY-S1-2# Change \_\_\_ Addition DELETE 61 TITLE 1011.5 1. N. 16 62 NAME

STREET ADDRESS

**6.3 STREET ADDRESS** 6.4 CITY - ST-ZIP 14. I do hereby certify that the information supplied with this filing 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