

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 25 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S20239** (7)
1. Corporation Name
JEANNE D'ARC INVESTMENT PROPERTIES, INC.

Principal Place of Business

**422 PEREGRINE DR
INDIAN LANTIC FL 32903**

Mailing Address

**422 PEREGRINE DR
INDIAN LANTIC FL 32903**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/21/1990** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-3043321** 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
7. This corporation has liability for intangible tax under S. 190.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 **930 S. Harbor City Blvd.**

Suite, Apt. #, etc.

22 **Suite 505**

City & State

23 **Melbourne FL**

24 **3290**

Country

25 **USA**

2a. Mailing Address

26 **930 S. Harbor City Blvd.**

Suite, Apt. #, etc.

27 **Suite 505**

City & State

28 **Melbourne FL**

Zip

29 **32901**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**MCINTYRE, FRANCES D
422 PEREGRINE DR
INDIAN LANTIC FL 32903**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

930 S. Harbor City Blvd.

83 **Suite 505**

84 City

Melbourne

FL

85 Zip Code

32901

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PT	MCINTYRE, FRANCES D	422 PEREGRINE DR	INDIAN LANTIC FL
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	Change	Addition
same	same	930 S. Harbor City Blvd. Suite 505	Melbourne FL 32901	☒	☐
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	Change	Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	Change	Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	Change	Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition

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)(b), Florida Statutes. I further certify that the information included 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: *Frances D. McIntyre* **Frances D. McIntyre** 04/19/95 (518) 425 3311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR