

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

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # S22995 (2)  
1. Corporation Name  
NEIGHBORHOOD REALTY & DEVELOPMENT CORPORATION

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 20 PM 2:04

Principal Place of Business Mailing Address  
2912 N.E. 24TH AVENUE  
OCALA FL 34479  
US

DO NOT WRITE IN THIS SPACE.

|                                |         |                                               |         |
|--------------------------------|---------|-----------------------------------------------|---------|
| 2. Principal Place of Business |         | 2a. Mailing Address                           |         |
| 21 1469 N. MAGNOLIA AVE        | 26      | 2912 N.E. 24TH AVENUE<br>OCALA FL 34479<br>US |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc.                           |         |
| 22 Suite "F"                   |         | 27                                            |         |
| City & State                   |         | City & State                                  |         |
| 23 Ocala FL                    |         | 28                                            |         |
| Zip                            | Country | Zip                                           | Country |
| 24 34475                       | 25 USA  | 29                                            | 30      |

|                                                                                         |                                |
|-----------------------------------------------------------------------------------------|--------------------------------|
| 3. Date Incorporated or Qualified                                                       | 3a. Date of Last Report        |
| 12/20/1990                                                                              | 05/01/1994                     |
| 4. FEI Number                                                                           | Applied For                    |
| 59-2334347                                                                              | Not Applicable                 |
| 5. Certificate of Status Desired                                                        | \$6.75 Additional Fee Required |
| <input type="checkbox"/>                                                                |                                |
| 6. Election Campaign Financing Trust Fund Contribution                                  | \$5.00 May Be Added to Fees    |
| <input type="checkbox"/>                                                                |                                |
| 8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes |                                |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                     |                                |

|                                                            |  |                                                       |             |
|------------------------------------------------------------|--|-------------------------------------------------------|-------------|
| 9. Name and Address of Current Registered Agent            |  | 10. Name and Address of New Registered Agent          |             |
| MCCUE, LAWRENCE<br>2912 N.E. 24TH AVENUE<br>OCALA FL 32670 |  | 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 Lawrence McCue Lawrence McCue Pres 1/16/95  
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when re-registering.) DATE

|                            |                     |                                                       |                                                                   |
|----------------------------|---------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| 12. OFFICERS AND DIRECTORS |                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
| TITLE                      | PD                  | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MCCUE, LAWRENCE     | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 2912 N.E. 24TH AVE. | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | OCALA FL            | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | SD                  | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MCCUE, VICTORIA N.  | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 2912 N.E. 24TH AVE. | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | OCALA FL            | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                     | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                     | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                     | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                     | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                     | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                     | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                     | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                     | 4.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                     | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                     | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                     | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                     | 5.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                     | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> 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 190.07(3)(b), 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: Lawrence McCue Lawrence McCue 1/16/95 904  
(Signature, typed or printed name of signing officer or director) (Typed Name)