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 MAY -1 AM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S67399** **(3)**

1. Corporate Name
SAW PROPERTIES, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 2817 LAKE CITY FL 32056	POST OFFICE BOX 2817 LAKE CITY FL 32056

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
07/19/1991	04/29/1994

4. FEI Number: 59-3155334 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business: 21 ___ 2a. Mailing Address: 26 ___
Suite, Apt. #, etc.: 22 ___ Suite, Apt. #, etc.: 27 ___
City & State: 23 ___ City & State: 28 ___
Zip: 24 ___ Country: 25 ___ Zip: 29 ___ Country: 30 ___

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. XX Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SUMMERS, W.L. ~~U.S. HWY. 90 WEST AND I-75~~ LAKE CITY FL 32055	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 600 Hall of Fame Drive P. O. Box 2817 83 Lake City, Fl 32056 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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 ___

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	SUMMERS, W.L.	NAME	
STREET ADDRESS	P O BOX 2817 N/A Hall of Fame Drive	STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL 32055	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I the undersigned 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: W L Summers — March 28, 1995 — 904-755-5055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE
W. L. Summers

0008383 CP