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 PM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S74736 (7)

1. Corporation Name
ALTUS MANAGEMENT GROUP, INC.

Principal Place of Business
[redacted]

Mailing Address
[redacted]

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/21/1991
3a. Date of Last Report: 04/19/1994

2. Principal Place of Business
21 3592 Fortuna Drive
Suite, Apt. #, etc.
22 ----------
City & State
23 Orange Park, FL
Zip 24 32065 Country 25 U.S.A

2a. Mailing Address
26 c/o David A. King, Atty
Suite, Apt. #, etc.
27 1416 Kingsley Avenue
City & State
28 Orange Park, FL
Zip 29 32073 Country 30 U.S.A

4. FEI Number: 59-3088069 ☐ 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

9. Name and Address of Current Registered Agent
[redacted]

10. Name and Address of New Registered Agent
81 Name: David A. King
82 Street Address (P.O. Box Number is Not Acceptable): Attorney at Law
83 1416 Kingsley Avenue
84 City: Orange Park FL 85 Zip Code: 32073

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 David A. King 3-29-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	NICHOLS, MILTON L	12 NAME		
STREET ADDRESS	3592 FORTUNA DR	13 STREET ADDRESS		
CITY ST ZIP	ORANGE PARK FL	14 CITY ST ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	NICHOLS, DARREN M	22 NAME		
STREET ADDRESS	3592 FORTUNA DR	23 STREET ADDRESS		
CITY ST ZIP	ORANGE PARK FL	24 CITY ST ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	NICHOLS, BRENDA K	32 NAME		
STREET ADDRESS	3592 FORTUNA DR	33 STREET ADDRESS		
CITY ST ZIP	ORANGE PARK FL	34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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: X [signature] - Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR DIRECTOR
Milton L. Nichols, President
3/29/95
Daytime Phone #: 904-272-8658

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