FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # S88565 (4)

L.C.P. DEVELOPMENT CORP.

APPROVED AND FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5 MARKET PLACE, UNIT 4
PALM COAST FL 32137

Mailing Address
5 MARKET PLACE, UNIT 4
PALM COAST FL 32137

FOR OFFICE USE ONLY

3. Date of Last Report: 10/21/1991

3a. Date of Last Report: 05/01/1994

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4. FEI Number: 59-3113651 — 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. The corporation has liability for intangibles tax under § 199.032, Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CONNER, TIMOTHY J.
1 FLORIDA PARK DRIVE NORTH
SUITE 110
PALM COAST FL 32137

10. Name and Address of New Registered Agent

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 Section 607.0505, Florida Statutes, the above named corporation submits the 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 contained in Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PECHMAN, LOUIS
STREET ADDRESS	5 MARKET PLACE, UNIT 4
CITY, ST, ZIP	PALM COAST FL
TITLE	SD
NAME	PECHMANN, CAMILLE
STREET ADDRESS	5 MARKET PLACE, UNIT 4
CITY, ST, ZIP	PALM COAST FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

1 TITLE ☐ Change ☐ Add/Del
1 NAME
1 STREET ADDRESS
1 CITY, ST, ZIP

2 TITLE ☐ Change ☐ Add/Del
2 NAME
2 STREET ADDRESS
2 CITY, ST, ZIP

3 TITLE ☐ Change ☐ Add/Del
3 NAME
3 STREET ADDRESS
3 CITY, ST, ZIP

4 TITLE ☐ Change ☐ Add/Del
4 NAME
4 STREET ADDRESS
4 CITY, ST, ZIP

5 TITLE ☐ Change ☐ Add/Del
5 NAME
5 STREET ADDRESS
5 CITY, ST, ZIP

6 TITLE ☐ Change ☐ Add/Del
6 NAME
6 STREET ADDRESS
6 CITY, ST, ZIP

14. I hereby certify that the information contained in this report, submitted and does not qualify for the exemption stated in Section 119.07, the Florida Statutes. Further certify that the information contained in the annual or supplemental annual report is true and correct and that this report complies with the requirements of Section 607.0505, Florida Statutes, and that my name appears above, or on an attached amendment, as an officer or director of the corporation or the name of the registered agent upon whom the report is required by Chapter 607, Florida Statutes, and that my name appears above, or in an attached amendment, as registered agent of the corporation with an address

SIGNATURE: [signature] Pres. 5/2/95 904-446-5455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0012450 CP