FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 AM 9:14

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # V23324 (9)

1. CABBAGE ROSE OF FLORIDA, INC.

Principal Place of Business	Mailing Address
235 N. KENTUCKY AVENUE LAKELAND FL 33801 US	235 N. KENTUCKY AVENUE LAKELAND FL 33801 US

3. Date Incorporated or Qualified: 03/24/1992	3a. Date of Last Report: 08/30/1994
4. FEI Number: 59-3116745	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

2. Principal Place of Business 21 / 22 / 23 City & State / 24 / 25

2a. Mailing Address 26 / 27 / 28 City & State / 29 / 50

8. Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SUTTON, CARLOS K., SR.
402 SOUTH KENTUCKY AVENUE
SUITE 400
LAKELAND FL 33801

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 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

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	SUTTON, CARLOS K., SR.	402 S KENTUCKY AVE. #400	LAKELAND FL
D	SUTTON, FAYE G.	402 S KENTUCKY AVE. #400	LAKELAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition (×6)

14. I hereby certify that the information supplied with this filing is voluntary, 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: [signature] Carlos K. Sutton 5/1/95 813-683-0772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0312363 CP