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 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V51238** **(6)**

1. Corporate Name
ANCLOTE RIVER ESTATES, INC.

Principal Place of Business
9190 OAKHURST RD.
SUITE 2A
SEMINOLE FL 34646

Mailing Address
9190 OAKHURST RD.
SUITE 2A
SEMINOLE FL 34646

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/16/1992**
3a. Date of Last Report: **04/29/1994**

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

4. FEI Number: **59-3131713** ☐ 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 § 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CICCO, ROBERT A.
9190 OAKHURST RD.
SUITE 2A
SEMINOLE FL 34646

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, and 607.1008, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
71	DP	71	☐ Change ☐ Addition
NAME	CICCO, ROBERT A	72 NAME	
STREET ADDRESS	9190 OAKHURST ROAD, SUITE 2A	73 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	74 CITY-ST-ZIP	
75	DTV	75	☐ Change ☐ Addition
NAME	CICCO, ROBERT A JR	76 NAME	
STREET ADDRESS	9190 OAKHURST ROAD, SUITE 2A	77 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	78 CITY-ST-ZIP	
79	DS	79	☐ Change ☐ Addition
NAME	WRIGHT, O. H.	80 NAME	
STREET ADDRESS	9190 OAKHURST ROAD, SUITE 2A	81 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	82 CITY-ST-ZIP	
83		83	☐ Change ☐ Addition
NAME		84 NAME	
STREET ADDRESS		85 STREET ADDRESS	
CITY-ST-ZIP		86 CITY-ST-ZIP	
87		87	☐ Change ☐ Addition
NAME		88 NAME	
STREET ADDRESS		89 STREET ADDRESS	
CITY-ST-ZIP		90 CITY-ST-ZIP	
91		91	☐ Change ☐ Addition
NAME		92 NAME	
STREET ADDRESS		93 STREET ADDRESS	
CITY-ST-ZIP		94 CITY-ST-ZIP	

14. I, the undersigned, certify that the information contained herein 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 above, or on an attachment with an X in Block 13.

SIGNATURE: Robert A. Cicco April 27, 1995 813/595/6407

SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR

037888 CP