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 APR 28 AM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V60550** **(3)**

1. Corporation Name
PRINCE MANOR ASSOCIATES, INC.

200001475412
-05/04/95--01026--024
****208.75 ****208.75
DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
3491-11 THOMASVILLE RD #222 TALLAHASSEE FL 32308	3491-11 THOMASVILLE RD #222 TALLAHASSEE FL 32308

3. Date Incorporated or Qualified: **08/28/1992**
3a. Date of Last Report: **06/10/1994**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **59-3147833** ☐ 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

O'LEARY, PATRICK G
249 JOHN KNOX RD
SUITE 201
TALLAHASSEE FL 32303

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: Patrick G. O'Leary PATRICK G. O'LEARY 4/27/95
Signature, typed or printed name of registered agent and title, if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☑ Change ☐ Addition
NAME	SINGLETARY, RICHARD L	12 NAME		
STREET ADDRESS	102 CHUKARS DR	13 STREET ADDRESS		
CITY-ST-ZIP	THOMASVILLE GA	14 CITY-ST-ZIP	31792	
TITLE	V	21 TITLE		☑ Change ☐ Addition
NAME	CHANDLER, PORTER E	22 NAME		
STREET ADDRESS	536 FRANK SHAW RD	23 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	24 CITY-ST-ZIP	32312	
TITLE	ST	31 TITLE		☑ Change ☐ Addition
NAME	O'LEARY, PATRICK G	32 NAME		
STREET ADDRESS	6132 BORDENLAING DR	33 STREET ADDRESS	249 John Knox Road Suite 201	
CITY-ST-ZIP	TALLAHASSEE FL	34 CITY-ST-ZIP	32303	
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		CH

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)(k), 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: Patrick G. O'Leary PATRICK G. O'LEARY 4/27/95 904/386-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0409708 FP