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 MAR 16 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V66421 (1)

1. Corporation Name
MELBROOKE ESTATES DEVELOPMENT COMPANY, INC.

Principal Place of Business	Mailing Address
1323 EAST PARKER STREET LAKELAND FL 33801	1323 EAST PARKER STREET LAKELAND FL 33801

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/21/1992
3a. Date of Last Report: 08/11/1994

2. Principal Place of Business
21 422 South Florida Avenue
22 Suite, Apt. #, etc.
23 City & State: Lakeland, Florida
24 Zip: 33801
25 Country: POLK

2a. Mailing Address
26 Post Office Box 326
27 Suite, Apt. #, etc.
28 City & State: Lakeland, Florida
29 Zip: 33802
30 Country: POLK

4. FEI Number: 59-3178464 ☐ 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

WRIGHT, J. ARTHUR
4958 FOXRUN LANE
LAKELAND FL 33813

10. Name and Address of New Registered Agent

81 Name: MARIE A. HOLTON
82 Street Address (P.O. Box Number is Not Acceptable): 1880 N. Crystal Lake Drive, #14
83
84 City: Lakeland FL 85 Zip Code: 33801

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: Marie A. Holton — DATE: 3-8-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PTD	X Change ☐ Addition
NAME	WRIGHT, J. ARTHUR	1.2 NAME	HOLTON, MARIE A.	
STREET ADDRESS	4958 FOXRUN LANE	1.3 STREET ADDRESS	1880 N. Crystal Lake Drive	
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	Lakeland, Florida 33801	
TITLE	S	2.1 TITLE	S	X Change ☐ Addition
NAME	HOLTON, MARIE A.	2.2 NAME	DOWDLE, TAMERA A.	
STREET ADDRESS	754 HIGHLAND GARDNES LN	2.3 STREET ADDRESS	5417 1st Street, SE	
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	Lakeland, Florida 33813	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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: Marie A. Holton — President — 2/20/95 — 813/688-5274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone #

0318740 CP