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Apr 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 360253 (9)

1. Corporation Name
ALLEN CREEK PROPERTIES, INC.

Principal Place of Business	Mailing Address
~~1803 U.S. HIGHWAY 19~~ ~~HOLIDAY FL 34691~~	~~1803 U.S. HIGHWAY 19~~ ~~HOLIDAY FL 34691~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2535 SUCCESS DR	2a. Mailing Address 26 2535 SUCCESS DR
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 ODESSA FL	City & State 28 ODESSA FL
Zip / Country 24 33556 / 25 PASCO	Zip / Country 29 33556 / 30 PASCO

3. Date Incorporated or Qualified
02/26/1970

4. FEI Number
59-1890721
☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BAKER, RICHARD W. ~~1803 U.S. HWY. 19~~ ~~HOLIDAY FL 34691~~	81 Name: RICHARD W BAKER 82 Street Address (P.O. Box Number is Not Acceptable): 2535 SUCCESS DR 83 84 City: ODESSA FL 85 Zip Code: 33556

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 R W Baker
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	PD	☐ DELETE	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	SCHERER, CHRIS		1.2 NAME	CHRIS SCHERER	
STREET ADDRESS	~~1803 US 19~~		1.3 STREET ADDRESS	2535 SUCCESS DR	
CITY-ST-ZIP	~~HOLIDAY FL~~		1.4 CITY-ST-ZIP	ODESSA FL 33556	
TITLE	STD	☐ DELETE	2.1 TITLE	S/T/D	☒ Change ☐ Addition
NAME	BAKER, RICHARD W		2.2 NAME	RICHARD W BAKER	
STREET ADDRESS	~~1803 US 19~~		2.3 STREET ADDRESS	2535 SUCCESS DR	
CITY-ST-ZIP	~~HOLIDAY FL~~		2.4 CITY-ST-ZIP	ODESSA FL 33556	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. I hereby certify that the information supplied with this filing 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 R W Baker