

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 442257 (2)  
1. Corporation Name  
REAL PROPERTY DEVELOPERS, INC.

Principal Place of Business  
7071 OAK ST  
BAGDAD FL 32530  
US

Mailing Address  
PO BOX 210  
BAGDAD FL 32530  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/26/1973

4. FEI Number  
59-1541098

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

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

9. Name and Address of Current Registered Agent FITZGERALD, J. PAUL 202 OAK STR MILTON FL 32572
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10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	
NAME	TOWNSEND, GINA L	1.2 NAME	
STREET ADDRESS	404 OAKLAND RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	
NAME	STOKES, C L	2.2 NAME	
STREET ADDRESS	OAK STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	BAGDAD, FL 00000	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	
NAME	FITZGERALD, J PAUL	3.2 NAME	
STREET ADDRESS	201 OAK STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON, FL 00000	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	
NAME	FITZGERALD, J PAUL	4.2 NAME	
STREET ADDRESS	201 OAK STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: (C. L. Stokes) 1/9/98 904 626-2062

CR2E034 (10/97)