

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

**FILED**  
**May 14 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # 587891**  
 1. Corporation Name  
**OLDE LIGHTHOUSE REALTY, INC.**

Principal Place of Business Mailing Address  
**250 GULF BREEZE PKWY. SAME**  
**GULF BREEZE, FLORIDA 32501**

3. Date Incorporated or Qualified **September 25, 1978** 3a. Date of Last Report **4/28/96**

2. Principal Place of Business 21 <b>250 Gulf Breeze Pkwy.</b>	2a. Mailing Address 26 <b>250 Gulf Breeze Pkwy.</b>	4. FEI Number <b>591902575</b>	Applied For Not Applicable
Suite, Apt. #, etc. 22 <b>#1</b>	Suite, Apt. #, etc. 27 <b>#1</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
City & State 23 <b>Gulf Breeze, FL</b>	City & State 28 <b>Gulf Breeze, FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip 24 <b>32501</b>	Country	29 <b>32561</b>	Country
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>Margaret R. Mang</b> <b>112 Highpoint Dr.</b> <b>Gulf Breeze, Florida 32501</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 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) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>President, Secy. &amp; Treas.</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Margaret R. Mang</b>	1.2 NAME	
STREET ADDRESS	<b>250 Gulf Breeze, PKWY.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Gulf Breeze, FL.</b>	1.4 CITY-ST-ZIP	
TITLE	<b>Vice President</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Arleen W. Kraeger</b>	2.2 NAME	
STREET ADDRESS	<b>112 Highpoint Dr.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Gulf Breeze, FL 32501</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	<b>100002190431</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>-05/23/97--01123--034</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(j), 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: **Margaret R. Mang** Date: **4/28/97 (904)932-**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)