

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR 13 PM 3:00

**DOCUMENT # J71321 (0)**

1. Corporation Name  
**THREE FLAGS PROPERTIES, INC.**

Principal Place of Business Mailing Address  
**1211 12TH STREET P. O. BOX 70068  
P.O. BOX 70068 ST.CLOUD FL 34770-0068  
ST.CLOUD FL 34770-0068 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/06/1987** 3a. Date of Last Report **02/01/1994**

2. Principal Place of Business 2a. Mailing Address  
**21** **26**

Suite, Apt. #, etc. Suite, Apt. #, etc.  
**22** **27**

City & State City & State  
**23** **28**

Zip Country Zip Country  
**24** **25** **US** **29** **30**

4. FEI Number **59-2801039** 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

10. Name and Address of New Registered Agent

**EKEN, RONALD C.  
1211 12TH STREET  
ST.CLOUD FL 34769**

**B1** Name  
**B2** Street Address (P.O. Box Number is Not Acceptable)  
**B3**  
**B4** City **FL** **B5** 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 \_\_\_\_\_ (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signatures required when resigning) (DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VS**  
NAME **EKEN, RONALD C.**  
STREET ADDRESS **1211 12 ST**  
CITY ST ZIP **ST.CLOUD FL**

1 1 TITLE  Change  Addition  
1 2 NAME  
1 3 STREET ADDRESS  
1 4 CITY - ST - ZIP

TITLE **P**  
NAME **BULLARD, ROBERT F.**  
STREET ADDRESS **1211 12 ST**  
CITY ST ZIP **ST. CLOUD FL**

2 1 TITLE  Change  Addition  
2 2 NAME  
2 3 STREET ADDRESS  
2 4 CITY - ST - ZIP

TITLE **V**  
NAME **MOGG, H.F.**  
STREET ADDRESS **1211 12 ST**  
CITY - ST - ZIP **ST.CLOUD FL**

3 1 TITLE  Change  Addition  
3 2 NAME **Delete**  
3 3 STREET ADDRESS  
3 4 CITY - ST - ZIP

TITLE **V**  
NAME **MOGG, RICHARD**  
STREET ADDRESS **1211 12 ST**  
CITY ST ZIP **ST.CLOUD FL**

4 1 TITLE  Change  Addition  
4 2 NAME **Delete**  
4 3 STREET ADDRESS  
4 4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

5 1 TITLE  Change  Addition  
5 2 NAME  
5 3 STREET ADDRESS  
5 4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

6 1 TITLE  Change  Addition  
6 2 NAME  
6 3 STREET ADDRESS  
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)(b), 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: Ronald C. Eken  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR