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PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business 38 HOMESTEAD ROAD

LEHIGH ACRES FL 33936



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K13427

US

Mailing Address

38 HOMESTEAD ROAD LEHIGH ACRES FL 33936

GENTURY 23, TANNASSEE REALTY, INC.

3. Date Incorporated or Qualifed 01/29/1988 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0025892 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State Added to Fees 28 Trust Fund Contribution 23 Zip Country 8. This corporation owes the current year Intangible Zip Country □No ☐ Yes Personal Property Tax. 30 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name LYNN R TANNASSEE Street Address (P.O. Box Number is Not Acceptable) 38 HOMESTEAD RD **LEHIGH ACRES FL 33936** 83 Zip Code 85 84 City 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) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition ☐ Change ☐ DELETE 1.1 TITLE TITLE TANNASSEE, LYNN R. 1.2 NAME NAME 515 HAMILTON AVE 113 RIVIERA STREET. 1.3 STREET ADDRESS STREET ADDRESS LEHIGH ACRES FL 39936 339 フみ 14 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 4 1 TITLE TITLE NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIF Addition Change ☐ DELETE 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 6.1 TITLE TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

I hereby certify that the information supplied with this fifing 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

NAME

STREET ADDRESS

CITY-ST-ZIP

Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

May 10, 1999 8:00 am Secretary of State

05-10-1999 90097 018 ***150.00

DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)