

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

FILED
May 05 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # L18203 (4)

1. Corporation Name
PASCO LAKES INC.



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| Principal Place of Business 8344 OLD PASCO ROAD SUITE 107 WESLEY CHAPEL FL 33544 US | Mailing Address C/O 6822 SOUTHPOINT DRIVE S. SUITE 310 JACKSONVILLE FL 32216 US |
|--|--|

| | |
|---|--|
| 3. Date Incorporated or Qualified 09/22/1989 | |
| 4. FEI Number 59-3085456 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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. Zip |
| 24. Country | 29. Country |
| 25. Country | 30. Country |

9. Name and Address of Current Registered Agent

**FLETCHER, BABELLE L
 ONE INDEPENDENT DRIVE
 STE 2000
 JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

| | |
|---|----------------------------------|
| 81 Name | Fletcher, Babette L. |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 50 N. Laura St. Ste. 3900 |
| 83 | |
| 84 City | Jacksonville, FL |
| 85 Zip Code | 32202 |

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 *Babette L. Fletcher* **Babette L. Fletcher** **3/28/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | GIBBES, WILLIAM R. | |
| STREET ADDRESS | 1428 INDIAN WOODS DR. | |
| CITY-ST-ZIP | NEPTUNE BEACH FL 32266 | |
| TITLE | DC | <input type="checkbox"/> DELETE |
| NAME | ARCAINI, GIANNI | |
| STREET ADDRESS | 7889 HUNTERS GROVE ROAD | |
| CITY-ST-ZIP | JACKSONVILLE FL 32266 | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | FLETCHER, BABELLE L | |
| STREET ADDRESS | 5020 YACHT CLUB DR | |
| CITY-ST-ZIP | JACKSONVILLE FL 32210 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | MANNING, G S | |
| STREET ADDRESS | 12163 TWAIN OAKES LN | |
| CITY-ST-ZIP | JACKSONVILLE FL 32233 | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | BELL, TED W | |
| STREET ADDRESS | 12852 LAZY MEADOWS DRIVE | |
| CITY-ST-ZIP | JACKSONVILLE FL 32225 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|---------------------------------|--|
| 1.1 TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | BELL, TED W. | |
| 1.3 STREET ADDRESS | 12563 DRAGON FLY LANE, N | |
| 1.4 CITY-ST-ZIP | JACKSONVILLE, FL 32225 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 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: *William R. Gibbs* **William R. Gibbs** **3/27/98** **(904) 296-2800**

CR2E034 (10/97)