FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # L39148 (6)

1. Corporation Name
~~GREEL, BRYAN & GALLAGHER, P.A.~~
CBG PROPERTIES, INC.

Principal Place of Business	Mailing Address
C/O J. STEVE JAY ~~1234 AIRPORT ROAD, SUITE 130~~ ~~DESTIN FL 32541-2025~~	C/O J. STEVE JAY ~~1234 AIRPORT ROAD, SUITE 130~~ ~~DESTIN FL 32541-2025~~

3. Date Incorporated or Qualified: 01/01/1990
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21: 45 N. BEAL PARKWAY
22: Suite, Apt. #, etc.
23: City & State: FORT WALTON BEACH
24: Zip: 32548
25: Country: USA

2a. Mailing Address
26: P.O. BOX 1600
27: Suite, Apt. #, etc.
28: City & State: ~~DESTIN~~ FORT WALTON BEACH
29: Zip: 32549
30: Country: USA

4. FEI Number: 59-2980771 ☐ 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

~~JAY, J. STEVE~~
~~1234 AIRPORT ROAD~~
~~SUITE 130~~
~~DESTIN FL 32541~~

10. Name and Address of New Registered Agent

81 Name: GENE G. BARKER
82 Street Address (P.O. Box Number is Not Acceptable): 45 N. BEAL PARKWAY
83:
84 City: FORT WALTON BEACH FL 85 Zip Code: 32548

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: X Gene G. Barker — Gene G. Barker — 1/30/97
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JAY, J. STEVE		1.2 NAME		
STREET ADDRESS	1234 AIRPORT RD. #130		1.3 STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL		1.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CUMMINS, MARJORIE L.		2.2 NAME		
STREET ADDRESS	45 BEAL PARKWAY, NE		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. WALTON BEACH FL		2.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BARKER, GENE G.		3.2 NAME		
STREET ADDRESS	45 BEAL PARKWAY, NE		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. WALTON BEACH FL		3.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HENDERSON, JOSEPH W.		4.2 NAME		
STREET ADDRESS	45 BEAL PARKWAY, NE		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT WALTON BCH FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: X Gene G. Barker Gene G. Barker 1/30/97 (904)244-5121