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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

191343

(3)

COURTHOUSE PROPERTIES, INC.

Apr 15 1998 8:00am Secretary of State

**FILED** 

Principal Place of Business Mailing Address					-{	<u> </u>	OF BEAT PORTE	
MR CLYDE H WILSON 27 SOUTH ORANGE AVE. 27 SOUTH ORANGE AVE. 27 SOUTH ORANGE AVE. 28 SARASOTA FL 34236 29 SARASOTA FL 34236			ī.			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
2. Principal Place of Business 2a. Mailing Address						03/02/1956 4. FEt Number	$-\Box$	Applied For
21	26				59-0769348	<b>├</b> ──	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Additional Regulred
City & State		City & State			6. Election Campaign Financing		0 May Be	
Zip	Country	Zip	Country			Trust Fund Contribution  8. This corporation owes or has paid the cu		d to Fees
24	25	29	30				Yes	□ No
	9. Name and Address of Curre	ent Registered Agent	10. Name and Address of New Registered Agent					
	LSON, CLYDE H JR			81	Name			Ī
27 SOUTH ORANGE AVE			ļ	82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
SA	rasota fl 34236			83				<del>.</del>
]			-				<del></del>	
					City	FL	_ 1	p Code
11. Pursuant office or i	to the provisions of Sections 607.05 registered agent, or both, in the Stat	02 and 607.1508, Florida Statut e of Florida. Such change was	es, the ab authorized	ove by	-named corpo the corporatio	pration submits this statement for the purpose on's board of directors. I hereby accept the app	f changing	its registered as registered
agent. I a	am familiar with, and accept the oblig	gations of, Section 607.0505, F	orida Statu	ites.	,			•
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered					nl signalure required			
12.		ID DIRECTORS 13.				ADDITIONS/CHANGES TO OFFICERS AND		
NAME	PD WILSON, CLYDE H JR	☐ DELETE	1.1 TITLE 1.2 NAME				Change	e L. Addition
STREET ADDRESS	27 S ORANGE AVE		1.3 STREE		ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 00000		1.4 CITY-					
TITLE	VT	☐ DELETE	2.1 TITLE			· · · · · · · · · · · · · · · · · · ·	☐ Change	e Addition
NAME	INGRAM, PAULA W		2.2 NAM					
STREET ADDRESS	3117 CLAIBORNE CR			EET A	ADDRESS			ļ
CITY-ST-ZIP	MONROE LA		2. 4 CITY -		i-ZIP			
TITLE	S STATE OF STATE OF T	DELETE	3.1 TATLE				L Change	Addition
NAME STREET ADDRESS	DIAMOND, BERNICE I 2170 CLEMATIS ST		3.2 NAME					
CITY-ST-ZIP	SARASOTA FL		3.3 STREET					
TITLE	GAINGOIA I L	DELETE	3.4. CITY - 5 4.1 TITLE		- ZIP		Change	e Addition
NAME			4.2 NAME		İ		Onengo	- La Addition
STREET ADDRESS					VDDRESS			
CITY-ST-ZIP	_		4.4 CITY-S		I			i
TITLE		☐ DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE1 .		DDRESS			
CITY-ST-ZIP			5.4 CITY		ZIP			
TITLE		☐ DELETE	6.1 TITU				☐ Change	Addition
NAME			6.2 NAM					
STREET ADDRESS			6.3 STRI		i			
City-St-ZiP	certify that the information supplied w	with this filing does not quely to	8.4 CHY			ection 119 07/3Vi) Florida Statutes Liturther ce	etifi. the at th	

4. I hereby certify that the information supplied with this filing does not qualify to the exemption stated in Section 119.07(3)(i), Florida Statutés. 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 of the state of my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

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