

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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L18203 (4)
 1. Corporation Name
PASCO LAKES INC.

Principal Place of Business 8344 OLD PASCO ROAD SUITE 107 WESLEY CHAPEL FL 33544 US	Mailing Address C/O 6622 SOUTHPOINT DRIVE S. SUITE 310 JACKSONVILLE FL 32216 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent FLETCHER, BABETTE 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
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VP
NAME	GIBBES, WILLIAM R.	1.2 NAME	BELL, TED W.
STREET ADDRESS	1428 INDIAN WOODS DR.	1.3 STREET ADDRESS	12563 DRAGON FLY LANE, N
CITY-ST-ZIP	NEPTUNE BEACH FL 32206	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	DC	2.1 TITLE	
NAME	ARCAINI, GIANNI	2.2 NAME	
STREET ADDRESS	7889 HUNTERS GROVE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32206	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	FLETCHER, BABETTE L	3.2 NAME	
STREET ADDRESS	5020 YACHT CLUB DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	MANNING, G S	4.2 NAME	
STREET ADDRESS	12163 TWAIN OAKES LN	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32233	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	
NAME	BELL, TED W	5.2 NAME	
STREET ADDRESS	12652 LAZY MEADOWS DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32225	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)