


FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

FILED
May 08 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Moynihan Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # 191960 (4) | | | |
| 1. Corporation Name BILTMORE - FLORIDA INC | | | |
| Principal Place of Business M W ACKLEY 3905 LAKE BLUE DRIVE BOX 305 AUBURNDALE FL 33823 | | Mailing Address M W ACKLEY 3905 LAKE BLUE DRIVE BOX 305 AUBURNDALE FL 33823 | |
| 2. Principal Place of Business 21 604 E DERBY AVE Suite, Apt. #, etc. | | 2a. Mailing Address 26 PO Box 305 Suite, Apt. #, etc. | |
| 22 City & State 23 AUBURNDALE FL Zip 24 33823 Country 25 | | 27 City & State 28 AUBURNDALE FL Zip 29 Country 30 | |
| 9. Name and Address of Current Registered Agent WINGATE, LEAH A 604 E DERBY AVE AUBURNDALE FL 33823 | | 10. Name and Address of New Registered Agent 81 Name LEAH A PIPPIN 82 Street Address (P.O. Box Number is Not Acceptable) 8906 PRITCHER RD 83 84 City Lithia FL 85 Zip Code 33547 | |
| 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 <i>Leah A. Pippin</i> LEAH A PIPPIN, President 4/27/98 (NOTE: Registered Agent signature required when reinstating) | | | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PDT WINGATE, LEAH A. 604 E DERBY AUBURNDALE FL <input type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | PDT LEAH A PIPPIN 8906 PRITCHER RD LITHIA, FL 33547 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ACKLEY, THELMA L. 3905 LAKE BLUE DR. AUBURNDALE FL <input checked="" type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | S WILLIAM J. Pippin 8906 PRITCHER RD Lithia, FL 33547 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPS HEARN, ELIZABETH A 7813 COLONY CT.N.E. BREMERTON WA <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |



DO NOT WRITE IN THIS SPACE

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|---|--|
| 3. Date Incorporated or Qualified 03/28/1956 | |
| 4. FEI Number 59-0768141 | 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 | |

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:

Leah A. Pippin
SIGNATURE AND/OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/98

(941) 668-0660

CR2E034 (10/97)