FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **226407** **(5)**

1. Corporation Name
NEUKOM PROPERTIES, INC.

Principal Place of Business	Mailing Address
FAIRVIEW HEIGHTS RD ZEPHYRHILLS FL 33539 US	PO BOX 1647 ZEPHYRHILLS FL 33539 US

3. Date Incorporated or Qualified: 07/29/1959	3a. Date of Last Report: 02/07/1995
4. FEI Number: 59-6058187	☐ 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	

2. Principal Place of Business
21
22 State, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 State, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

NEUKOM, ANN BROOKE
38444 5TH AVENUE (MAILING ADDRESS)
7645 GREENSLOPE DRIVE (OFFICE IN HOME)
ZEPHRYHILLS FL 33540

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TYPE NAME STREET ADDRESS CITY-ST-ZIP	PD NEUKOM JR,GEORGE A 38444 5TH AVENUE ZEPHYHILLS FL ☐ DELETE	1 TYPE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP	☐ Change ☐ Addition
2 TYPE NAME STREET ADDRESS CITY-ST-ZIP	STD NEUKOM, ANN BROOKE 38444 5TH AVENUE ZEPHYRHILLS FL ☐ DELETE	2 TYPE 2 NAME 2 STREET ADDRESS 2 CITY-ST-ZIP	☐ Change ☐ Addition
3 TYPE NAME STREET ADDRESS CITY-ST-ZIP	STD OAKLEY, TAMARA NEUKOM PO BOX 4170 N/A LAKE WALES FL ☐ DELETE	3 TYPE 3 NAME 3 STREET ADDRESS 3 CITY-ST-ZIP	☐ Change ☐ Addition
4 TYPE NAME STREET ADDRESS CITY-ST-ZIP	VD NEUKOM, GEORGE A., III 38444 5TH AVENUE ZEPHYRHILLS FL ☐ DELETE	4 TYPE 4 NAME 4 STREET ADDRESS 4 CITY-ST-ZIP	☐ Change ☐ Addition
5 TYPE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5 TYPE 5 NAME 5 STREET ADDRESS 5 CITY-ST-ZIP	☐ Change ☐ Addition
6 TYPE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6 TYPE 6 NAME 6 STREET ADDRESS 6 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 attached sheet with an address.

SIGNATURE: George A. Neukom, Jr., President — January 15, 1996 — 813 782 2834

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)