

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

FILED
Apr 20 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 # 413748 (5)
1. Corporation Name
FLETCHER REALTY, INC.

Principal Place of Business 4400 MARSH LANDING BLVD. P.O. BOX 1219 (32004) PONTE VEDRA BCH FL 32082	Mailing Address 4400 MARSH LANDING BLVD. P.O. BOX 1219 (32004) PONTE VEDRA BCH FL 32082
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1548 The Greens Way Suite, Apt. #, etc. 22 Suite 4 City & State 23 Jacksonville Beach, FL Zip 24 32250		2a. Mailing Address 26 P.O. Box 1219 Suite, Apt. #, etc. 27 City & State 28 Ponte Vedra Beach, FL Zip 29 32004		3. Date Incorporated or Qualified 11/29/1972 4. FEI Number 59-1497196 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. 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	
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9. Name and Address of Current Registered Agent MELCHING, STEPHEN 1548 THE GREENS WAY #4 JACKSONVILLE FL 32202		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	
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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

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 NAME STREET ADDRESS CITY-ST-ZIP	D FLETCHER, JEROME S. 4400 MARSH LANDING BLVD. PONTE VEDRA BCH FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1548 The Greens Way, Ste. 4 Jacksonville Beach, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MANN, RUTH C. 4400 MARSH LANDING BLVD. PONTE VEDRA BCH FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDP FLETCHER, PAUL Z. 4400 MARSH LANDING BLVD. PONTE VEDRA BCH FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Same As Above
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BROADUS, M. GLORIA 4400 MARSH LANDING BLVD. PONTE VEDRA BCH FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Same As Above
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELCHING, STEPHEN 1542 THE GREENS WAY APT 4 JACKSONVILLE FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Same As Above
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 checked="" type="checkbox"/> Addition Vice President Holland, Robert L. 25500 Marsh Landing Parkway Ponte Vedra Beach, FL 32082

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:

M. Melching

11/29/98 (904) 285-6921

CR2E034 (10/97)