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

CITY-ST-ZIP

Block 12 or Block 13 it changed,

or on an attachment with tan a

FILED May 19 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #

1. Corporation Name 416783 (9) PALM COAST HOME REALTY, INC. Mailing Address Principal Place of Business EXECUTIVE OFFICE **EXECUTIVE OFFICE** 1 CORPORATE DRIVE 1 CORPORATE DRIVE PALM COAST FL 32051 PALM COAST FL 32051 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/15/1973 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 59-1878144 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 25 29 30 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 84 City Zip Code 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. Signalure Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition 1.1 TITLE Change TITLE GEORGE J. BATTEN GARDNER, JAMES E. NAME 12 NAME 1 CORPORATE DE **EXECUTIVE OFFICE, 1 CORPORATE DRIVE** 1.3 STREET ADDRESS STREET ADDRESS PALM COAST FL 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE 2.1 TITLE Change **B**UTLER, SAMUEL JR. 22 NAME NAME **EXECUTIVE OFFICE, 1 CORPORATE DRIVE** STREET ADDRESS 2.3 STREET ADDRESS PALM COAST FL CITY-ST-ZIP 2. 4 City-St-ZiP DELETE Change Addition TITLE 3.1 TITLE CALLEA, CHARLES J NAME 3.2 NAME 1 CORPORATE DR STREET ADDRESS 3.3 STREET ADDRESS PALM COAST FL 3.4 CHY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE ☐ Change Addition CUFF, ROBERT G. 4 2 NAME NAME **EXECUTIVE OFFICE. 1 CORPORATE DRIVE** 4.3 STREET ADDRESS STREET ADDRESS PALM COAST FL 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE WHITE, WILLIAM H 5.2 NAME NAME **EXECUTIVE OFFICE, 1 CORPORATE DRIVE** STREET ADDRESS 5.3 STREET ADDRESS PALM COAST FL CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6 1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filing does not qualify for the exomption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of supplemental annual report is the 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 proportion or the receiver or trustee employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in