## **FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Jan 21 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT # 452369** (2) IN-WELL PROPERTIES, INC. Principal Place of Business Mailing Address 225 NORTH 2ND STREET 225 NORTH 2ND STREET P.O. BOX 1321 P.O. BOX 1321 PALATKA FL 32178 PALATKA FL 32178 DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified 05/03/1974 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1604544 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible 🛛 Yes 25 29 30 Personal Property Tax due June 30, 24 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name POWELL.EDWARD T. 225 N. 2ND STREET 82 Street Address (P.O. Box Number is Not Acceptable) PALATKA FL 32178 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE POWELL, EDWARD T NAME 1.2 NAME 225 N. 2ND, P O BOX 1321 STREET ADDRESS 1.3 STREET ADDRESS PALATKA FL CITY - ST- ZIP 1.4 CITY-ST-ZIP DELETE Change \_\_\_ Addition TITLE 2.1 TITLE INMAN, GEORGE H NAME 22 NAME STATE RD. 314 WEST STREET ADDRESS 2.3 STREET ADDRESS SALT SPRING FL CITY-ST-ZIP 2, 4 CITY - ST-ZIP \_\_ DELETE Addition 3.1 TITLE Change TITLE POWELL, EDWARD T 3.2 NAME NAME 225 N. 2ND, P O BOX 1321 STREET ADDRESS 3.3 STREET ADDRESS PALATKA FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE □ Addition Change TITLE 41 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST-ZIP

DELETE

TITLE

NAME STREET ADDRESS

SIGNATURE 2

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS 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.

Change

Addition

CR2E034