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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham Secretary of State DIVISION OF CORPORATIONS

1996 DOCUMENT #
1. Corporation Name

465772

(2)

INVESTMENT PROPERTIES, INC.



Principal Place of Business		Mailing Address	Mailing Address		T YOOTHY DYDNA TITLDY BISKY HODRY COOLE WAX DIRKY DIGHT EVENY DIGHT BURKY BURKY STARY			
1429 S E 14 AVENUE OCALA FL 32671-4532			1429 S E 14 AVENUE OCALA FL 32671-4532					
, , , , ,	·				3. Date incorporated or Qualified 11/27/1974	3a. Date	of Last 6 3/14/18	
2. Principal Pla	ice of Business	2a. Mailing Address		4	I. FEI Number			Applied For
Suite, Apt. #	t ote	26 Suite Ast # att	-		59-1622396			Not Applicable
22	r, etc.	Suite, Apt. #, etc.		5	5. Certificate of Status Dosired			5 Additional
City & State		City & State			N. Flanking Operation Francis			Required
23]		28			 Election Campaign Financing Trust Fund Contribution 			00 May Be
20	Country	Zip	Country		B. This corporation has liability for	intangitula ta		ed to Fees
24	25	29	30	`		intangi∪ie ta ∐No	x unider s	199.002,
	9. Name and Address of	Current Registered Agent		1(0. Name and Address of New R		Agent	
			81 Na	rne				
MATTHIE	ES, ERIC F.		82 Str	not Address (P.O. Box Number is Not Acceptab			
	14 AVE.		0.2	eet Address (F.O. Box Northber is Not Acceptab	ie)		
P. O. BO			83					
OCALA I	FL 32670			·				
			84 Cit	У		FL	85 Z	lip Code
11. Pursuant to	the provisions of Sections 6	07.0502 and 607.1508, Florida Statu	ites, the above name	d corporation	submits this statement for the nur		poioo its	registered offic
UL TEUISIÈLE	sa agent. Or bourt in the State	of Florida. Such change was authori of, Section 607.0505, Florida Statute	zed by the comporate	on's bloard of	directors. I hereby accept the appoint	ointment as	registere	d agent. I am
	in and docept the obligations	or, deciron bor .0000, monda Statule	ю.					
SIGNATURE _	Signal insityped or printed name of regist	enert agent and blic if applicates (N	OTE: Registered Abent sons	fure required when	recretation)	DATE		
SIGNATURE _	Signature typed or printed name of regist	rates agost and title if applicators (N RS AND DIRECTORS	OTE: Registered Agent signa	ture required when		DATE CERS AND	DIBECTO	ORS IN 12
				iture required when	neristating) ADDITIONS/CHANGES TO OFFI	CERS AND		
12.	OFFICE	RS AND DIRECTORS	13.	iture required when		CERS AND	DIRECTO	
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oath; that I am an office 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 of Block 13 ij-changed or on an attachment with an address.

SIGNATURE:

SMATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR