FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 **DIVISION OF CORPORATIONS** DOCUMENT # 466470 SITZ PROPERTIES, INC. Principal Place of Business Mailing Address 1627 SOUTH BYRON BUTLER PKWY. 1627 SOUTH BYRON BUTLER PKWY. PERRY FLORIDA 32347 PERRY FLORIDA 32347 3. Date Incorporated or Qualified 3a. Date of Last Report 12/20/1974 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-1566289 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Γ 28 Trust Fund Contribution Added to Fees Zio Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 X Yes ☐ No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SITZ, CECIL MILLARD Street Address (P.O. Box Number is Not Acceptable) 82 1627 SOUTH BRYAN BUTLER PARKWAY PERRY FLORIDA 32347 83 Crty Zipi 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and firm if applicable 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 25 TITLE DELETE Change Addition SITZ, CECIL MILLARD NAME 1.2 NAME CR2E034 1627 S BRYAN BUTLER PKWY STREET ADDRESS 1.3 STREET AUDRESS **PERRY FL** CITY-S1-ZIP 1.4 C(TY - ST - Z)F VD. TITLE DELFIE 2 1 T/TLE ☐ Addition ☐ Change SITZ, BOBBY EUGENE NAME 2.2 NAME 1627 S BRYAN BUTLER PKWY STREET ADDRESS 2.3 STREET ADDRESS PERRY FL CiTY-ST-ZIP 2.4 CITY - ST - ZIP TITLE DELETÉ 3 1 IIILE []] Change Addition SITZ, LOIS MONDY 3.2 NAME 1627 S BRYAN BUTLER PKWY STREET ADDRESS. 3.3 STREET ADDRESS PERRY FL CITY - ST - 7IP 3.4 CITY - ST - ZIP THUE DELETE 4 1 TITLE ☐ Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 SIREET ADDRESS C-1Y - ST - Z:P 4.4 CHTY- ST- ZIP TrTLE DELETE 5 1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CHTY - ST - ZIP 5.4 CITY - ST - ZIF 10°LE DELETE 6 1 TILE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CHY-ST-ZIP 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)(k). 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 13 if changed, or on an attachment with an address.

SIGNATURE: SUFFICE AND YEED ON PRINTED NAME OF SIGNING OFFICER OR DE

SITZ, BOBBY EUGENE

4-1-96

904-584-5235

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