


FILED

Jul 28, 1999 8:00 am  
Secretary of State

07-28-1999 90007 024 \*\*\*158.75

08-10-1999 90010 015 \*\*\*391.25

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # 468645** ✓1. Corporation Name  
**PMC PROPERTIES, INC.**Principal Place of Business  
**PO DRAWER 3027**  
**PONTE VEDRA BEACH FL 32004**  
**US**Mailing Address  
**PO DRAWER 3027**  
**PONTE VEDRA BEACH FL 32004**  
**US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/28/1975**

2. Principal Place of Business

21

Suite, Apt. #, etc.

23. City &amp; State

24. Zip

25. Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City &amp; State

28. Zip

29. Country

30

4. FEI Number

**59-1568876**

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75 Additional**  
--Fee Required--6. Election Campaign Financing  
Trust Fund Contribution☐**\$5.00 May Be**  
Added to Fees8. This corporation owes the current year intangible  
Personal Property Tax.☐

Yes

☐

No

9. Name and Address of Current Registered Agent

**MCNEAL, J.R.**  
**603 CITRUS CT.**  
**PONTE VEDRA BEACH FL 32004**

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

11. Pursuant to the provisions of Sections 607.0602 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

TITLE **PT** ☐ DELETENAME **MCNEAL, J.R.**  
STREET ADDRESS **603 CITRUS CT.**  
CITY-ST-ZIP **PONTE VEDRA FL**TITLE **VS** ☐ DELETENAME **PARKER, BETTY**  
STREET ADDRESS **1612 5TH AVE. N.**  
CITY-ST-ZIP **JACKSONVILLE FL**TITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-6-99

(904) 258-1206

CR2E034 (11/98)