Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90091 039 ***150.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # 595626 1. Corporation Name

STETSON REALTY AND INVESTMENT CO.

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Principal P acc	e of Business	Mailing Address					11	10101 0 1110 E010 E011		FIL BIBIL BI	EFI 01011		II (BIËN I BAN		
900 S FED HW STUART FL 349		900 S FED HWY #321 STUART FL 34994					DO NOT WRITE IN THIS SPACE						<u></u>		
								3		icorporated or Q	ualifed				
										7 <u>/1978</u>					
2. Principal P	ace of Business	2a. Mailing Address				4	. FEI N		Aprilled For						
21			26						33 1033002				Applicable		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			,	5	. Certifo	ate of Status De	sired []		75 A ee Rec	ditional uired	
City & State			City & State					6	6. Election Campaign Financing \$5.				.00 1	May Be	
23			28						Trust I	und Contribution	ι	_J	Ad	lded to	Fees
Zip	Zip Cour try			Zip			Country			orporation owes	he current	year nta	angible		
24	25 29 30				30					al Property Tax.			☐ Yes	3]No
Name and Address of Current Registered Agent								10	. Name	and Address o	New Reg	istere d /	Agent		
						81	Name								
STETSON, J. MICHAEL						82	Street	Ar dress (P.O. Bo	× Number is Not	Acceptable	·) —			
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office crr	to the provisions of Sε egistered agent, or bo m familiar with, and ac	h in the State o	f Florida. Such ch	ande was a	uthorized	bv t	-named the corp	oration's b	n submoard of	is this statement cirectors. I hereb	for the pury y accept the	rpose of r ne appoir	changi ntment	ng its r as reg	egistered stered
SIGNATURE												DATE			
	Signature, typed or printed na	ne of registered agent OFFICERS AND		(NOT):	: Registered	Agent	signature	required when		ONS/CHANGES	TO OFFIC		D DIRI	CTO	'S IN 12
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NAME					32 NA	ME									
STREET ADDRESS					3.3 ST	REET	ADDRESS								

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 examinant with an address, with all other like empowered.

3.4 CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6 3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE

4 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CfTY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

President

☐ DELETE

DELETE

☐ DELETE

J.Michael Stetson

4/26/99

561-286-2440

☐ Change

Change

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Addition

☐ Addition

Daytime Phone #