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PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

636595

(1)

OSPREY IV, INC.

Principal Place of Business

Mailing Address

FILED Jan 28 1998 8:00am Secretary of State



4851 DOLPHIN LANE 4851 DOLPHIN LANE FT MYERS BEACH FL 33931 FT MYERS BEACH FL 33931 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/18/1979 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-1942194 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zio Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 24 29 30 Personal Property Tax due June 30. __ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ACKERT, ROBERT P. 4851 DOLPHIN LANE Street Address (P.O. Box Number is Not Acceptable) FT. MYERS BEACH FL 83 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) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. ___ DELETE Change 1.1 TITLE NAME ACKERT, PHILIP H 1.2 NAME STREET ADDRESS **4851 DOLPHIN LANE** 1.3 STREET ADDRESS FT MYERS BCH, FL 00000 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE SVD 2.1 TITLE Change NAME ACKERT, MARY LEE 2.2 NAME 4851 DOLPHIN LANE STREET ADDRESS 2.3 STREET ACCRESS FT MYERS BCH, FL 00000 CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE ☐ Change ___ Addition TITLE ACKERT, ROBERT P 4851 DOLPHIN LANE STREET ADDRESS 3.3 STREET ADDRESS FT MYERS BCH, FL 00000 CITY - ST- ZIP 3.4. CITY - ST-ZIP DELETE Change Addition TITLE 4.1 TITLE ACKERT, ROBERT P JR NAME 4. 2 NAME 4851 DOLPHIN LANE STREET ADDRESS 4.3 STREET ADDRESS FT MYERS BCH, FL 00000 CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE ___ Change ___ Addition 5.1 TITLE NAME CHANDLER, LINDSAY A 5.2 NAME 4851 DOLPHIN LANE STREET ADDRESS 5.3 STREET ADDRESS FT MYERS BCH, FL 00000 CITY-ST-7IP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 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 attachment with an address.

SIGNATURE:

Robert all Al R

AREBERT PALKERT

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