FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9500003397 (5)

PRESCOTT INVESTMENTS CORP.

FILED Feb 10 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address		a sannian title inter mitter antis antis antis dibiti dibiti	40108 IMUU HING HANK INDI HAN
PINNACLE MT. FARMS PINNACLE MT. FARMS LYNDEBORO NH 03082 LYNDEBORO NH 03082			DO NOT WRITE IN TH	IIS SPACE	
				3. Date Incorporated or Qualified	
				07/17/1995	
h	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		02-0451232	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional
22		27		e, Certificate of Status Desired	Fee Required
City & State	0	City & State		Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	[25]	[29]	30	Personal Property Tax due June 30.	Yes No
D.F.	g, Name and Address of Curren	t Hegislered Agent	81 Name	10. Name and Address of New Register	ad Agent
	CKMEYER, KARL ESQ		81 Name		
	CKMEYER & MULICK		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	80-OVERSEAS TIWY		819	90 OVERSEAS HW	4
120	FERNIENCE 33075		83		
			84 City		85 Zip Code
			1 252	<i>quaegag</i> F	·L 1 <i>73036</i>
11. Pursuant to office or reagent 1 as	to the provisions of Sections 607.050 ogistered agent, or both, in the State m familiar with, and accept the obligi	2 and 607.1508, Florida State of Horida, Such change was illons of, Section 607.0505, F	ites, the above-named cor, authorized by the cornora	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing its registered appointment as registered
SIGNATURE		.,			
BIGHTORE	Signature, typed or posted traine of registered sex		1f Registered Agent signature requ	ired when reinstating) DATE	
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DCPT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HAGER, LANE E		1.2 NAME		l:
STREET ADDRESS	PINNACLE MT. FARMS		1.3 STREET ADDRESS		
CITY-ST-ZIP	LYNDEBORO NH 03082		1.4 CITY - ST - ZIP		
TITLE	8	☐ DELFTE	2.1 TITLE		Change Addition
NAME	GAYMAN, BENJAMIN F ESQ		2.2 NAME		
STREET ADDRESS	WIGGIN & NOURIE BOX 808		2.3 STREET ADDRESS		
CITY-ST-ZIP	MANCHESTER NH 03105		2 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			34. CITY+ST+ZIP		
TITLE		DEFETE	4 1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP			4 4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6 4 CITY - ST - ZIP		•

14. Thereby 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

SIGNATURE: