

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

FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000003736 (3)

1. Corporation Name

THE GANNON PROPERTIES COMPANY

Principal Place of Business

C/O THE GANNON COMPANIES
12515 NORTH KENDALL DRIVE SUITE 430
MIAMI FL 33186

Mailing Address

C/O THE GANNON COMPANIES
12515 NORTH KENDALL DRIVE SUITE 430
MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/23/1996

4. FEI Number

43-1335497

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 Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

GREENE, ROBERT
12515 NORTH KENDALL DRIVE
SUITE 430
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name

Sybil Coleman Field

82 Street Address (P.O. Box Number is Not Acceptable)

12515 North Kendall Drive, Suite 430

83

84 City

Miami

FL

85 33186

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE COB & P
NAME FRANK, WILLIAM E
STREET ADDRESS 40 CRESTWOOD DRIVE
CITY-ST-ZIP ST LOUIS MO ☐ DELETE

TITLE D
NAME GREENE, ROBERT P
STREET ADDRESS 12541 BENNINGTON PLACE
CITY-ST-ZIP ST LOUIS MO ☐ DELETE

TITLE VPD
NAME WEYGANDT, DAVID W
STREET ADDRESS 28 SOUTH 87TH STREET
CITY-ST-ZIP BELLEVILLE IL ☐ DELETE

TITLE S
NAME DISHON, DIANE
STREET ADDRESS 4545 BRIARGATE DR
CITY-ST-ZIP ST CHARLES MO ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE

11-14-98

3-11-98

3-11-98

CR2E034 (10/97)