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

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**PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham FILED ANNUAL REPORT Secretary of State **DIVISION OF CORPORATIONS** 1998 98 JAN 20 PM 1: 45 DOCUMENT #

1. Corporation Name G07850 SECRETARY OF STATE TALLAHASSEE, FLORIDA -FOX & PEACE REALTY, INC. COMBS & PEACE REALTY, INC. Name changed by Amendment to Articles of Inc. on 1/2/98 Principal Place of Business Mailing Address 3240 8 FLORIDA AVE 3240 S FLORIDA AVE LAKELAND FL 33803 LAKELAND FL 33803 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 1/10/1982 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 21 59-2236511 Not Applicable 26 Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired  $\mathbf{x}\mathbf{x}$ Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. ☐ Yes □ No 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PEACE, JOANN S 3240 S FLORIDA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) LÄKELAND FL 33803 83 R4 City 85 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 purpose of directors. I bereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. BIGNATURE Signature, typed or printed name of registered agent and title if applicable (10/97 OFFICERS AND DIRECTORS 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change **¥** Addition 1.1 TITLE TITLE Vice President/Sec NAME PEACE, JOANN S 12 NAME Mary Ann Combs 3240 S. Florida Avenue Lakeland, FL 330803 2E034 STREET ADDRESS 3240 S. FLORIDA AVE 1.3 STREET ADDRESS Lakeland FL **3**3803 CITY-ST-ZIP 1.4 CITY - ST - ZIP XX DELETE Change Addition TITLE 2.1 TITLE SLAPPEY, MORGAN 22 NAME NAME 900002410839--2 STREET ADDRESS 3240 S. FLORIDA AVE 2.3 STREET ADDRESS -01/26/98---01002--001 LAKELAND FL 33803 \*\*\*\*158.75 ★米字第158 75 ☐ Change ☐ Addition 2. 4 CITY-ST-ZIP CITY-ST DELETE 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREFT ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 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 eport of 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 of 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 15 if changed, or on, in attachment with an address. in attachment with

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