

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

FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G12029** (6)
1. Corporation Name
HARBOUR ISLAND REALTY OF ST. AUGUSTINE, INC.

Principal Place of Business 93-D ORANGE STREET P O BOX 70 ST AUGUSTINE FL 32085-7070	Mailing Address 93-D ORANGE STREET P O BOX 70 ST AUGUSTINE FL 32085-7070
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 93 ORANGE STREET Suite, Apt. #, etc. 22 SUITE A City & State 23 ST AUGUSTINE FL Zip Country 24 32084 25 USA		2a. Mailing Address 26 P O DRAWER 70 Suite, Apt. #, etc. 27 City & State 28 ST AUGUSTINE FL Zip Country 29 32085-0070 30 USA		3. Date Incorporated or Qualified 12/06/1982
				4. FEI Number 59-3007585 Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**PAUL J. THOMPSON
206 PELICAN REEF DR
ST AUGUSTINE FL 32084**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 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 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

OFFICERS AND DIRECTORS

12. TITLE	PTD	<input type="checkbox"/> DELETE
NAME	PAUL J. THOMPSON	
STREET ADDRESS	206 PELICAN REEF DR.	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	PIERRE D. THOMPSON	
STREET ADDRESS	206 PELICAN REEF DR.	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	add zip
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	32084
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	add zip
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	32084
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 change, or on an attachment with an address

SIGNATURE:

PAUL J. THOMPSON

April 3, 1998

904-824-3100

CR2E034 (10/97)