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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 18 1997 8:00am Secretary of State

1997 **DOCUMENT # G15365** (1) TOM FUQUA REALTY, INC. Principal Place of Business Mailing Address 5 CLIFFORD DR. #7 5 CLIFFORD DR. #7 SHALIMAR FL 32579-1250 SHALIMAR FL 32579-1250 3. Date Incorporated or Qualified 3a. Date of Last Report 12/28/1982 05/01/1996 2. Prit dipal Prior of Business 2a. Mailing Address 4. FEI Number Applied For 59-2306983 26 Not Applicable Suite Apt # eti Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & Stare City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Country 8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes Yes No 25 30 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FUQUA, G. THOMAS 5 CLIFFORD DR. #7 82 Street Address (P.O. Box Number is Not Acceptable) FT WALTON BCH, FL 83 SHALIMAR FL 32579 84 City 85 Zip Code 11. Fursuant 1) 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. or type that protect name of region sed against and in cut applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. 96/6) DELETE Change 1.1 TITLE Addition 1994 FUQUA, G THOMAS N354 1.2 NAME 5 CLIFFORD DR. #7 SPREA Ablactic 1.3 STREET ADDRESS SHALIMAR FL 64.5 70 1.4 CITY - ST- ZIP DELETE Change Addition DITE 21 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS City St. 26 2.4 City-St-ZIP DELETE Addition Change True 31 TITLE NAME 3.2 NAME 3 3 STREET ADDRESS 5135 LANDRESS 017 <u>51</u> 62 34 CITY-ST-ZIP Change THE DELETE 4.1 TITLE Addition L:M 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 011 - 54 76 4.4 CITY - ST - ZIP DELETE 51 TITLE Change Addition THE NAM 5.2 NAME 5 3 STREET ADDRESS STREET ADDRESS. 5 4 CITY - ST - 71P Clr-51 / P DELETE Change Addition Thu 6.1 TITLE 6.2 NAME 63 STREET ADDRESS SDEFT ATORESS 00 to 1.79 6 4 CITY-ST-ZIP

does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that or or trustee annowered to execute this report as required by Chapter 607. Florida Statutes; and that my name 14. I do hereby certify that the information supplied with this information indicated on this popular report or suppliemental. Lam an officer or orector of secondarion or the receiver

SIGNATURE