


FILED

Apr 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # G71389  
1. Corporation Name  
CONKLIN INVESTMENT PROPERTIES, INC.

2. Principal Place of Business  
P O BOX 5269  
P.O. BOX 5269  
SPRING HILL FL 34606

2a. Mailing Address  
P O BOX 5269  
P.O. BOX 5269  
SPRING HILL FL 34611-0269

3. Date Incorporated or Qualified  
11/28/1983

3a. Date of Last Report  
05/01/1996

4. FEI Number  
59-2347128

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 has liability for intangible tax under s. 199.032, Florida Statutes  
Yes No

9. Name and Address of Current Registered Agent  
CONKLIN, VICTORIA  
9195 PENELOPE DRIVE  
P.O. BOX 5269  
BROOKSVILLE FL 34608

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 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 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  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
1.5 TITLE  
1.6 NAME  
1.7 STREET ADDRESS  
1.8 CITY - ST - ZIP  
1.9 TITLE  
1.10 NAME  
1.11 STREET ADDRESS  
1.12 CITY - ST - ZIP  
1.13 TITLE  
1.14 NAME  
1.15 STREET ADDRESS  
1.16 CITY - ST - ZIP  
1.17 TITLE  
1.18 NAME  
1.19 STREET ADDRESS  
1.20 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
2.5 TITLE  
2.6 NAME  
2.7 STREET ADDRESS  
2.8 CITY - ST - ZIP  
2.9 TITLE  
2.10 NAME  
2.11 STREET ADDRESS  
2.12 CITY - ST - ZIP  
2.13 TITLE  
2.14 NAME  
2.15 STREET ADDRESS  
2.16 CITY - ST - ZIP  
2.17 TITLE  
2.18 NAME  
2.19 STREET ADDRESS  
2.20 CITY - ST - ZIP

14. I do 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: [Signature]  
Date: 4-2-97  
Daytime Phone: 352 597-2306