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Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90104 046 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G76242

1. Corporation Name
SHUBUTA PROPERTIES, INC.

Principal Place of Business
% CRAIG L. BEXLEY
P.O. BOX 887
LAND O'LAKES FL 34639-0887

Mailing Address
% CRAIG L. BEXLEY
P.O. BOX 887
LAND O'LAKES FL 34639-0887

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/28/1983	Applied For Not Applicable
4. FEI Number 59-2370189	
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 the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

BEXLEY, CRAIG L.
6332 WISTERIA LP
LAND O'LAKES FL 34639

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	BEXLEY, PATRICK B.	1.2 NAME	
STREET ADDRESS	6332 WISTERIA LP	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAND O'LAKES FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	BEXLEY, CRAIG L.	2.2 NAME	
STREET ADDRESS	6332 WISTERIA LP	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAND O'LAKES FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	BEXLEY, S.C. JR	3.2 NAME	
STREET ADDRESS	6332 WISTERIA LP	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAND O'LAKES FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
S. C. Bexley Jr

2-299

813 996 2225

Date

Daytime Phone #

CR2E034 (11/98)