

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 29 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **G80482 (4)**
1. Corporation Name
AFFORDABLE PROPERTY DEVELOPMENT, INC.

| | |
|---|--|
| Principal Place of Business 290 CYPRESS GARDENS BLVD WINTER HAVEN FL 33880 US | Mailing Address P.O. BOX 1439 WINTER HAVEN FL 33882 US |
|---|--|

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/26/1984

4. FEI Number

59-2431233

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**NOLEN, J.M. SR.
290 CYPRESS GARDENS BLVD
WINTER HAVEN FL 33880**

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 <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NOLEN, MIKE, SR. | 1.2 NAME | |
| STREET ADDRESS | 290 CYPRESS GARDENS BLVD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | WINTER HAVEN FL | 1.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FLOYD, TOM | 2.2 NAME | |
| STREET ADDRESS | 290 CYPRESS GARDENS BLVD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | WINTER HAVEN FL | 2.4 CITY-ST-ZIP | |
| TITLE | TD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TUCKER, LARRY | 3.2 NAME | |
| STREET ADDRESS | 290 CYPRESS GARDENS BLVD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | WINTER HAVEN FL | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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.

SIGNATURE: *[Signature]* **T.M. NOLEN, SR.**

7-17-98 941-290-2541

CR2E034 (5/98)



CYPRESS GARDENS REALTY, INC.

"A Trusted Name in Real Estate"

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July 17, 1998

Division of Corporations
Florida Department of State
P.O. Box 6327
Tallahassee, Florida 32314

Re: Affordable Property Development, Inc

Gentlemen:

Enclosed is a completed 1998 Profit Corporation Annual Report with the fee of \$150 attached. Although we filed a number of reports for other corporations, neither we or our accountants can find any record of having recieved forms for this corporation.

Thus we called your office earlier today and were advised to complete the form and return it with the regular fee as quickly as possible. Please let me know should there be a problem with this procedure.

Very truly yours,

J.M. Nolen
J.M. Nolen, President

