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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H39628

CASSELBERRY PROPERTIES, INC.

(3)

## **FILED** May 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address  80 TRIPLET LAKE DRIVE P.0.80X 1 CASSELBERRY FL 32718 CASSELBERRY FL 32707 US  2. Principal Place of Business 2a, Mailing Address					DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified  01/24/1985  4. FEI Number  Applied For		
21		26 P.G. BOX 2			59-2530732		ot Applicable
Sulte, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A Fee Re	
City & State		City & State  28 CHELESURY FL.  Zip Country		,	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip 24	Country 25	29 32718	30 5677	NOLL	This corporation owes or has paid the Personal Property Tax due June 30.	Yes 🖟	langible No
l	9. Name and Address of Cur	rent Registered Agent	81	Name	10. Name and Address of New Registe	red Agent	
CASSELBERRY, JOHN N.				INATHE			
	TRIPLET LAKE DRIVE SSELBERRY FL 32707		82		ess (P.O. Box Number is Not Acceptable)		
	SOCCOCIONI I C SEFOI		83				
			84	City		es Zin	Code
				City	oration submits this statement for the purpo	FL	
agent La SIGNATURE	rn familiar with, and accept the ob-	ligations of, Section 607,0505	, Florida Statutes.  NOTE Registered Agen		on's board of directors. I hereby accept the advisor reinstating)  ADDITIONS/CHANGES TO OFFICERS	A) E	
TITLE	<u> </u>	DELETE	1.1 TITLE		TO STREET OF THE STREET	Change	Addition
NAME STREET ADORESS CITY-ST-ZIP	CASSLEBERRY, JOHN, N 80 TRIPLET LAKE DRIVE CASSELBERRY FL		1.2 NAME 1.3 STREET A 1.4 CHY-S1	i			
TITLE		☐ DELETE	21 TITLE			☐ Change	Addition
NAME			2 2 NAME				
STREET ADDRESS			2.3 STREET A				
CITY-ST-ZIP		DELETE	2 4 CHY+SI 3.1 TITLE	- ZIP		Change	Addition
TITLE NAME		C VIIII	3.2 NAME			C Sumago	
STREET ADDRESS			3.3 STREET A	LDDRESS }			
CITY-ST-ZIP			3.4. CHY- \$1	1			
TITLE		DELFTE	4.1 TITLE			Change	Addition
NAME			4. 2 NAMF				
STREET ADDRESS			4.3 STREET A				
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST 5.1 TITLE	- KII.		Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET A	DORESS			
CITY-ST-ZIP			5.4 CITY-ST	- ZIP	·		
TiTLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME		•		
STREET ADDRESS	*		6.3 STRELT A				
CITY-ST-ZIP	l		6.4 CITY - ST	- ZIP			

14. Thereby 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.