

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

NON-PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H66318** (7)

1. Corporation Name
PALMER PROPERTIES, INC.



Principal Place of Business Mailing Address
2834 INDUSTRIAL PLZ DR STE B TALLAHASSEE FL 32301 US **2834 INDUSTRIAL PLAZA SUITE B TALLAHASSEE FL 32301 US**

3. Date Incorporated or Qualified **07/15/1985** 3a. Date of Last Report **02/21/1995**
4. FEI Number **59-2554454** 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

2. Principal Place of Business 2a. Mailing Address
21 **1677 MANAN CENTER BLVD** 27 **P.O. BOX 12668**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 28 **TALLAHASSEE FLA**
23 **TALLAHASSEE FLA** 29 **TALLAHASSEE FLA**
Zip Country Zip Country
24 **32308** 25 **USA** 29 **32307** 30 **USA**

9. Name and Address of Current Registered Agent:
PALMER, RILEY
2834 INDUSTRIAL PLZ DR
STE B
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name **Palmer, Riley**
82 Street Address (P.O. Box Number is Not Acceptable) **1677 MANAN CENTER BLVD**
83
84 City **TALLAHASSEE** 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 607.0305, Florida Statutes.

SIGNATURE **RILEY PALMER** *[Signature]* **3/6/96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.) DATE

12. OFFICERS AND DIRECTORS

TITLE	PDT <input type="checkbox"/> DELETE
NAME	PALMER, RILEY
STREET ADDRESS	2834 INDUSTRIAL PLZ DR, STE B
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	VS <input type="checkbox"/> DELETE
NAME	GREEN, ELAINE M.
STREET ADDRESS	2834 INDUSTRIAL PLZ DR, STE B
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1677 MANAN CENTER BLVD
1.4 CITY-ST-ZIP	TALL. FLA 32308
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1677 MANAN CENTER BLVD
2.4 CITY-ST-ZIP	TALL FLA 32308
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **RILEY PALMER** *[Signature]* **3/6/96** 904 6566161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)