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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

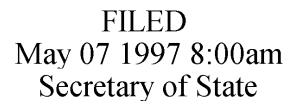
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(6)

FIRST AMERICAN PROPERTIES DEVELOPMENT CORPORATIO

Principal Place of Bu





Principal Plac	e of Business	Mailing Ac	Mailing Address				r regions din soon likais ginst broth bill olds often orbit bilkis ordit oldst 1891			
1501 SHEPARD RD STE 5 PO BOX 6271 LAKELAND FL 33807-6271		P O BOX 6271 LAKELAND FL 33807-6271 US								
US .	33007-0271						3. Date Incorporated or Qualified 09/04/1985		ate of Last F 01/1996	leport
2. Principal P 21	ace of Business	2a. Mailing	Address				4. FEI Number 59-2667986		L	oplied For ot Applicable
Suite, Apt	#, etc		Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional equired
City & Stall	e	City &	State				Election Campaign Financing Trust Fund Contribution	П	\$5.00	May Be to Fees
Ζφ	Country	Zip	I	Со	untry		8. This corporation has liability for			
24	25	29		30			Florida Statutes		□ No	
	9. Name and Address of Curre	ent Registered A	gent		ļ.,		10. Name and Address of New I	legistered	Agent	
	ks, John Paul				81	Name				
) South Florida ave Eland Fl 33803					Street Ad	ress (P.O. Box Number is Not Acceptable)			
					83					
					84	City		FL	85 Zip	Code
office or r agent. La SIGNATURE	registered agent, or both, in the Stal im familiar with, and accept the obli- Signifier, typed or printed name of registered a	gations of, Sectio	n 607.0505, Flor	ida Sta	itutes	S. 	ation's board of directors. I hereby acc pulsed when reinslating)	DATE		141
12.		ND DIRECTORS		13.			ADDITIONS/CHANGES TO OFF	ICERS AND		
THILF	PST CAPITON D		☐ DELETE		TITLE				☐ Change	Addilio
NAME	HODGES, CARLTON D. 222 WOODHALL DRIVE				AME					
STREET ADDRESS	MULBERY FL			1		ADDRESS				
CHY-ST-ZIP TIFLE	V		DELETE		CITY-S TITLE	51-21P			Change	Additio
NAME	WENDEL, JOHN F.			1	VAME				*	_
STREET ADDRESS	5300 S. FLORIDA AVENUE			2.35	STREET	ADDRESS				
CITY - ST - ZIP	LAKELAND FL			2.4	CITY-	ST-ZIP				
TITLE			DELETE	3.17	ITLE				Change	Addition
NAME					MAME					
STREET ADORESS				1		ADDRESS				
CITY-SI-7IP TITLE			DELETE	_	CITY-:	ST-ZIP			Change	Addition
NAME					NAME				mer Survigo	
STREET ADDRESS				1		ADDRESS				
CITY-ST-ZIP				1	CITY-S	1				
TILLE			DELETE	_	TITLE				Change	Addition
NAME				5.21	MAME					
STREET ADDRESS				5.3	STREET	ADDRESS				
CITY-ST-ZIP				5.41	CITY - S	ST-ZIP				
111L {			DELETE	6.1	FITLE				Change	Addition
NAME				6.21	NAME					
STREET ADDRESS				6.3	STREET	ADDRESS				
City, St. 7iP				641	arv-s	17.7IP				

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 eport 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: CARLTON DATE OF SIGNATURE OF BIGNING OFFICER OF PRACTOR

4/2/77 94-646-4680
Dayline Pione *