## 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

1997 DOCUMENT # **H89161** 

(4)

ARIPEKA INVESTMENT PROPERTIES, INC.

INVESTMENTS, INC. HOLDINGS Principal Prace of Business Mailing Address C/O RICHARD W. BAKER CPA C/O RICHARD W. BAKER CPA 1803 U.S. 19 1803 U.S. 19 HOLIDAY FL 34691 HOLIDAY FL 34691-5536 3. Date Incorporated or Qualified 3a. Date of Last Report 12/09/1985 03/11/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2626249 21 26 Not Applicable Suite, Apt. #. etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BAKER, RICHARD W. 81 Name 1803 US HWY 19 82 Street Address (P.O. Box Number is Not Acceptable) HOLIDAY FL 34691 83 84 City **B**5 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, type dor printed name of registered agent and title diapplicable (NOTE: Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (96/6) PD DELETE 1.1 TITLE Change Addition THE SPEER, RICHARD NAME 1.2 NAME 1803 US HWY 19 STREET ADDRESS 1.3 STREET ADDRESS HOLIDAY FL 1.4 CITY - ST - ZIP CITY - ST - ZIP ST Change DELETE Addition 11/14 2.1 TITLE 1. Bob Humphrics HUMPHRIES, J. BOB NAME 2.2 NAME 501 E Kenteau BLVD 501 E. KENNEDY BLVD. STREET ADDRESS 23 STREET ADDRESS TAMPA FL mps, FL COY-ST ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE SPEER, ROY M SPEEL. NAME 3.2 NAME M 1803 US HWY 19 63 US 19 STREET ADDRESS 3.3 STREET ADDRESS HOLIDAY FL 3.4. CITY-ST-ZIP CITY - ST - 7IP DELETE \_\_\_ Change Addition TITLE 4.1 TITLE RICHARD 4. 2 NAME NSME 1803 US 19 STREET ADDRESS 4.3 STREET ADDRESS 4.4 CiTY-ST-ZIP CHY-ST-201 DELETE 5.1 TITLE Change Addition THEF 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CHTY - ST - ZIP 5.4 CITY-ST-ZIP 500002104955 / -03/05/97--01061--015 / DELETE Addition 6.1 TITLE THE

14. Ido he ety 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

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

6.2 NAME

SIGNATURE:

NAMi

STREET ADDRESS

COY-ST-ZIP

\*\*\*165.00

**FILED** 

Mar 04 1997 8:00am

Secretary of State