

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).

0095486

PROFIT  
CORPORATION  
ANNUAL REPORT

1998



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

DOCUMENT # J05919

(2)

1. Corporation Name

P & L PROPERTIES, INC.



Principal Place of Business

6035 ESTERO BLVD.  
6035 ESTERO BLVD.  
FT. MYERS BCH. FL 33931  
US

Mailing Address

6035 ESTERO BLVD.  
FT. MYERS BCH. FL 33931  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1986

4. FEI Number

59-2666230

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing



\$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

10. Name and Address of New Registered Agent

81. Name

CAROLYN B. KINGSEY

82. Street Address (P.O. Box Number is Not Acceptable)

P.O. Box 6260

83.

9 AVENIDA CARITA

84. City

FT. MYERS BCH.

FL

85. Zip Code

33931

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: Carolyn B. Kingsey

Signature, typed or printed name of registered agent and then applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D [ ] DELETE

NAME GILLIS, CAROLYN F.  
STREET ADDRESS 9 AVE. CARITA  
CITY-ST-ZIP FT MYERS BEACH FL

TITLE DS [ ] DELETE

NAME GILLIS, CAROLYN F.  
STREET ADDRESS 9 AVE. CARITA  
CITY-ST-ZIP FT MYERS BEACH FL

TITLE [ ] DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE [ ] DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE [ ] DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE [ ] DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D [ ] Change [ ] Addition

1.2 NAME CAROLYN Billie Kingsey

1.3 STREET ADDRESS NAME CHANGE DUE TO MARRIAGE

1.4 CITY-ST-ZIP SAME ADDRESS

2.1 TITLE DS [ ] Change [ ] Addition

2.2 NAME CAROLYN Billie Kingsey

2.3 STREET ADDRESS SAME ADDRESS

2.4 CITY-ST-ZIP SAME ADDRESS

3.1 TITLE [ ] Change [ ] Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE [ ] Change [ ] Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE [ ] Change [ ] Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE [ ] Change [ ] Addition

6.2 NAME

6.3 STREET ADDRESS

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: Carolyn B. Kingsey

CR2E034 (5/98)