

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J11611 (7)

1. Corporation Name

ANCIENT CITY PROPERTIES, INC.



Principal Place of Business

62 VIEJO STREET
P.O. BOX 323
ST. AUGUSTINE FL 32085

Mailing Address

62 VIEJO STREET
P.O. BOX 323
ST. AUGUSTINE FL 32085

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/29/1986

3a. Date of Last Report

04/13/1995

4. FEE Number

NOT APPLICABLE

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

10. Name and Address of New Registered Agent

MINCH, LESTER J.

62 VIEJO STREET VILANO BEACH, FL 32084

P.O. BOX 323

ST. AUGUSTINE FL 32085

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.506, 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 typed or printed name of registered agent and title of appointment

(NOTE: Registered Agent's signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

1.5 TITLE

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY- ST- ZIP

1.9 TITLE

1.10 NAME

1.11 STREET ADDRESS

1.12 CITY- ST- ZIP

1.13 TITLE

1.14 NAME

1.15 STREET ADDRESS

1.16 CITY- ST- ZIP

1.17 TITLE

1.18 NAME

1.19 STREET ADDRESS

1.20 CITY- ST- ZIP

1.21 TITLE

1.22 NAME

1.23 STREET ADDRESS

1.24 CITY- ST- ZIP

1.25 TITLE

1.26 NAME

1.27 STREET ADDRESS

1.28 CITY- ST- ZIP

1.29 TITLE

1.30 NAME

1.31 STREET ADDRESS

1.32 CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

1.5 TITLE

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY- ST- ZIP

1.9 TITLE

1.10 NAME

1.11 STREET ADDRESS

1.12 CITY- ST- ZIP

1.13 TITLE

1.14 NAME

1.15 STREET ADDRESS

1.16 CITY- ST- ZIP

1.17 TITLE

1.18 NAME

1.19 STREET ADDRESS

1.20 CITY- ST- ZIP

1.21 TITLE

1.22 NAME

1.23 STREET ADDRESS

1.24 CITY- ST- ZIP

1.25 TITLE

1.26 NAME

1.27 STREET ADDRESS

1.28 CITY- ST- ZIP

1.29 TITLE

1.30 NAME

1.31 STREET ADDRESS

1.32 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; that 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature: Phone #

CR2E034 (12/95)