

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

FILED  
Apr 08 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J75663 (1)  
1. Corporation Name  
LOBLOLLY REALTY COMPANY

Principal Place of Business  
7407 S.E. HILL TERR.  
HOBE SOUND FL 33455

Mailing Address  
7407 S.E. HILL TERR.  
HOBE SOUND FL 33455



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/01/1987	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2837176	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent SULLIVAN, JOHN W. 7407 S.E. HILL TERR. HOBE SOUND FL 33455		10. Name and Address of New Registered Agent	
		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, JOHN W.	1.2 NAME	
STREET ADDRESS	7407 SE HILL TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	1.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	2.1 TITLE	DVS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, SUSAN R.	2.2 NAME	
STREET ADDRESS	7407 SE HILL TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	2.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOSECKER, PENELOPE	3.2 NAME	Carol Kitzner
STREET ADDRESS	2310 NE PINECREST LKS BL	3.3 STREET ADDRESS	7407 SE Hill Terrace
CITY-ST-ZIP	JENSEN BCH. FL	3.4 CITY-ST-ZIP	Hobe Sound, FL 33455
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, BONNIE W	4.2 NAME	William C. Fowler
STREET ADDRESS	7407 SE HILL TERR	4.3 STREET ADDRESS	7407 SE Hill Terrace
CITY-ST-ZIP	HOBE SOUND FL	4.4 CITY-ST-ZIP	Hobe Sound, FL 33455
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:  William C. Fowler 4/1/98 (561) 546-8700

CR2E034 (10/97)