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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **J77473** (3)

1. Corporation Name
PARTNER PROPERTIES, INCORPORATED

Principal Place of Business	Mailing Address
10012 N. DALE MABRY SUITE 112 TAMPA FL 33618 US	10012 N. DALE MABRY #112 TAMPA FL 33618-4425 US

3. Date Incorporated or Qualified: 06/09/1987
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business	2a. Mailing Address
21 100 N. Tampa Street	26 100 N. Tampa Street
Suite, Apt. #, etc. 22 Suite 2150	Suite, Apt. #, etc. 27 Suite 2150
City & State 23 Tampa, Florida	City & State 28 Tampa, Florida
Zip / Country 24 33602 / 25 US	Zip / Country 29 33602 / 30 US

4. FEI Number: 59-2812533 ☐ 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

9. Name and Address of Current Registered Agent

MYERS, JULIE S.
10012 N. DALE MABRY
SUITE 112
TAMPA FL 33618

10. Name and Address of New Registered Agent

81 Name: Myers, Julie S.
82 Street Address (P.O. Box Number is Not Acceptable): 100 N. Tampa Street
83 Suite 2150
84 City: Tampa FL 85 Zip Code: 33602

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV P	☐ DELETE	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	SMITH, L. GARRY JR		1.2 NAME	Smith, L. Garry Jr.	
STREET ADDRESS	10012 N. DALE MABRY, SUITE 112		1.3 STREET ADDRESS	100 N Tampa Street, Suite 2150	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	Tampa, Florida 33602	
TITLE	PD	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	MYERS, BARNEY L. JR		2.2 NAME	Myers, Barney L. Jr.	
STREET ADDRESS	10012 N. DALE MABRY, STE. 112		2.3 STREET ADDRESS	100 N Tampa Street, Suite 2150	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	Tampa, Florida 33602	
TITLE	STD	☐ DELETE	3.1 TITLE	S/T/D	☒ Change ☐ Addition
NAME	MYERS, JULIE S.		3.2 NAME	Myers, Julie S.	
STREET ADDRESS	10012 N. DALE MABRY, STE.112		3.3 STREET ADDRESS	100 N Tampa Street, Suite 2150	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	Tampa, Florida 33602	
TITLE	D	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	SMITH, MAVIS M.		4.2 NAME	Smith, Mavis M.	
STREET ADDRESS	10012 N. DALE MABRY STE. 112		4.3 STREET ADDRESS	100 N Tampa Street, Suite 2150	
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP	Tampa, Florida 33602	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 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 R. Garry Smith Jr. 4/10/97 813 223-5011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0363656