

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).

0105979

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **J85902**
1. Corporation Name

(1)

ST. CLOUD PROPERTIES, INC.

Principal Place of Business

**5000 HARKLEY RUNYAN RD.,
ST. CLOUD FL 34771**

Mailing Address

**5000 HARKLEY RUNYAN RD.,
ST. CLOUD FL 34771**

FILED

98 JUL 17 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1987

4. FEI Number

59-2910746

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**SHIPLEY, CLAUDE E. JR.
5000 HARKLEY RUNYAN RD.,
ST. CLOUD FL 34771**

10. Name and Address of New Registered Agent

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 607.1508, 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

TITLE **PD** ☐ DELETE
NAME **SHIPLEY, CLAUDE E JR**
STREET ADDRESS **5000 HARKLEY RUNYAN RD.**
CITY-ST-ZIP **ST. CLOUD FL**

TITLE **S** ☐ DELETE
NAME **SHIPLEY, JUDITH F**
STREET ADDRESS **5000 HARKLEY RUNYAN RD**
CITY-ST-ZIP **ST CLOUD 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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
200002594532-8
-07/21/98--01096--020
*******150.00 *****150.00**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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:

CLAUDE E. JR. SHIPLEY

7-1-98 401-897-0804

CR2E034 (5/98)

6-1-98

(2)

St Cloud Properties, Inc
5000 Harkley Runyan Rd
St Cloud, FL 34771

Div of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee, FL 32302-1500

To whom it may concern

Enclosed please find my check for \$150.00 which I am requesting that you accept for my 1998 filing fee. This request is being made as I was unaware that my original check and report had not been received by your office.

As support of my earlier filing, please find enclosed a copy of the original reports a copy of copy of the end state showing when the check was written. Unfortunately the check has never cleared and I don't have recently been reverified.

Thanking you in advance for your acceptance of this filing.

St Cloud Properties, Inc
[Signature]