

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K10393** (2)

1. Corporation Name
TBR PROPERTIES, INC.



Principal Place of Business

Mailing Address

% PIERRE D. THOMPSON
83-D ORANGE ST.
ST. AUGUSTINE FL 32084
US

% PIERRE D. THOMPSON
P.O. DRAWER 70
ST. AUGUSTINE FL 32085

| | |
|---|--|
| 3. Date Incorporated or Qualified 12/30/1987 | 3a. Date of Last Report 04/27/1995 |
| 4. FET Number 59-2869118 | Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 | 28. Zip |
| 24. Country | 29. Country |
| 30. Country | |

**THOMPSON, PIERRE D.
83-D ORANGE ST.
ST. AUGUSTINE FL 32084**

| | |
|--|--------------|
| 81. Name | |
| 82. Street Address (P.O. Box Number is Not Acceptable) | |
| 83. City | |
| 84. City | 85. Zip Code |
| | FL |

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 _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------|---|---|
| TITLE | DP THOMPSON, PIERRE D. | 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | THOMPSON, PIERRE D. | 12. NAME | |
| STREET ADDRESS | 1 PELICAN REEF | 13. STREET ADDRESS | |
| CITY-ST-ZIP | ST. AUGUSTINE FL | 14. CITY-ST-ZIP | |
| TITLE | DV RUNK, A. H. | 2. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RUNK, A. H. | 22. NAME | |
| STREET ADDRESS | 61 DOLPHIN DRIVE | 23. STREET ADDRESS | |
| CITY-ST-ZIP | ST. AUGUSTINE FL | 24. CITY-ST-ZIP | |
| TITLE | DST BAILEY, JOHN D. | 3. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BAILEY, JOHN D. | 32. NAME | |
| STREET ADDRESS | 47 AVISTA CIRCLE | 33. STREET ADDRESS | |
| CITY-ST-ZIP | ST. AUGUSTINE FL | 34. CITY-ST-ZIP | |
| TITLE | | 4. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42. NAME | |
| STREET ADDRESS | | 43. STREET ADDRESS | |
| CITY-ST-ZIP | | 44. CITY-ST-ZIP | |
| TITLE | | 5. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52. NAME | |
| STREET ADDRESS | | 53. STREET ADDRESS | |
| CITY-ST-ZIP | | 54. CITY-ST-ZIP | |
| TITLE | | 6. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62. NAME | |
| STREET ADDRESS | | 63. STREET ADDRESS | |
| CITY-ST-ZIP | | 64. 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 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: *Pierre D. Thompson* April 19, 1996 904-824-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DISPATCH PHONE #

CR2E034 (12/95)