

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

**FILED**  
**Apr 01 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K10393 (2)**

1. Corporation Name  
**TBR PROPERTIES, INC.**



Principal Place of Business <b>% PIERRE D. THOMPSON                  93-D ORANGE ST.                  ST. AUGUSTINE FL 32084                  US</b>	Mailing Address <b>% PIERRE D. THOMPSON                  P.O. DRAWER 70                  ST. AUGUSTINE FL 32085</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 93 ORANGE ST.</b> Suite, Apt. #, etc. <b>22 SUITE A</b> City & State <b>23</b> Zip <b>24</b>	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b>	Country <b>25</b>	Country <b>30</b>
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3. Date Incorporated or Qualified <b>12/30/1987</b>	4. FEI Number <b>59-2869118</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
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		

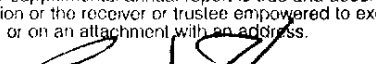
9. Name and Address of Current Registered Agent <b>THOMPSON, PIERRE D.                  93-D ORANGE ST.                  ST. AUGUSTINE FL 32084</b>	10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>93 A ORANGE STREET</b> <b>83</b> <b>84 City</b>	<b>85 Zip Code</b> <b>FL</b>
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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	<b>DP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMPSON, PIERRE D.</b>	1.2 NAME	
STREET ADDRESS	<b>208 PELICAN REEF DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DV</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUNK, A. H.</b>	2.2 NAME	
STREET ADDRESS	<b>61 DOLPHIN DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DST</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAILEY, JOHN D.</b>	3.2 NAME	
STREET ADDRESS	<b>47 AVISTA CIRCLE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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:  **PIERRE D. THOMPSON** 3/9/98 904-824-3100

CR2E034 (10/97)