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PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # K20302



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90003 001 ***150.00

1. Corporation	Name					Ì				
TROUBLE CREEK PROPERTIES, INC.										
							2 (4 6) 6 (1) 6(6) (14) 6 6 (1)			
						Ì				
Principal Place of Business Mailing Address								# 11#2 WIRH #11		
% DAVID M. BOGGS % DAVID M. BOGGS						1			•	
P O BOX 1531 P O BOX 1531										
TAMPA FL 33601 TAMPA FL 33601							DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed			
							04/05/1988			
2. Principal Place of Business 2a. Mailing Address							4. FEI Number		J	plied For
21 26 5.77 And # 252							65-0069486	_		t Applicable
Suite, Apt. #, etc.							5. Certifcate of Status Desired	.	\$8.75 / Fee Re	
22 City & State City & State							- Classics Compaign Financing		\$5.00	-
			•	•			6. Election Campaign Financing Trust Fund Contribution		Added 1	
Zip Country Zip			Cou	Country			8. This corporation owes the curre	nt vear Inta		-
24	25 29 30						Personal Property Tax.	in your one	☐ Yes	ĭ
	9. Name and Address of Curre		100	Γ.	***		10. Name and Address of New Ro	gistered A	gent	
	<u> </u>			81	Name	-				
BOGGS, DAVID M.					01		/D.O. Day M. Johan in Mad Accorda	nla)	_	
111 MADISON ST				82 Street Addre			s (P.O. Box Number is Not Acceptal	ne)		
SUITE 2300				83				_		
TAMPA FL 33602						_			Teel at	
				84 City				FL	85 Zip	Code
11 Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the State	502 and 607.1508, Florida Statu	ites, the al	bove	-named	corpora	ition submits this statement for the p	ourpose of o	hanging its	registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	e of Florida. Such change was a	authorized	by t	the corpo	oration's	s board of directors. I hereby accept	the appoin	tment as re	egistered
•	m ramiliar with, and accept the oblig-	patients of, Section 607.0000, Fil	orida Stati	1100.		•				į
SIGNATURE	Signature, typed or printed name of registered agr	gent and title if applicable. (NOT	E: Registered	Agent	signature re	equired wi	nen reinstating)	DATE		
12.	OFFICERS A	ND DIRECTORS	13.				ADDITIONS/CHANGES TO OFF	ICERS AN		
TITLE	PD □ DELETE		1.1 TR	1.1 TITLE			-		X Change	☐ Addition
NAME	FORBES, JAMIE III			1.2 NAME						}
STREET ADDRESS	AESS 35008 EMERALD COAST PKWY., STE. 400			1.3 STREET ADDRESS						J
CITY-ST-ZIP	DESTIN FL		1,4 CF	1.4 CITY-ST-ZIP		Des	tin FL 32541			
TITLE	STD DELETE 2.1 T		2,1 TITLE]			Change	Addition)	
NAME .	SESSUMS, T. TERRELL 221		2.2 N	2.2 NAME						ì
STREET ADDRESS	111 MADISON ST SUITE 2300			2.3 STREET ADDRESS 10			East Kennedy Blvd	., Sui	te 320	0
CITY-ST-ZIP	TAMPA FL 33602			2.4 CITY-ST-ZIP			<u> </u>			
TITLE			3.1 TI	TLE					Change	☐ Addition
NAME			3.2 N	ME						ŀ
STREET ADDRESS	•		3.3 ST	REET	ADDRESS)				Ì
CITY-ST-ZIP			3.4. C	ITY-SI	T-ZIP	<u> </u>	·			
TITLE		☐ DELETE	4.1 17	ΠE	1				Change	Addition
NAME			4.2 N	AME	~]				}
STREET ADDRESS			4.3 ST	REET	ADDRESS	•				İ
CITY-ST-ZIP			4.4 CI	TY-ST	-ZIP	<u> </u>				
TITLE		☐ DELETE	5.1 TT						☐ Change	☐ Addition \
NAME		•	5.2 NA		İ					
STREET ADDRESS			5.3 ST	REET	address					
CITY-ST-ZIP				1Y-ST	-ZIP					
ΠLE		☐ DELETE	6.1 TT	TLE					Change	☐ Addition
NAME			6.2 N							Í
STREET ADDRESS				6.3 STREET ADDRESS						
CITY-ST-ZIP			6.4 CI	TY-ST	-ZIP	1				

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 amorpheport 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 of 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 or an attachment with an address with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING CELCER ON DIRECTOR

950 937 6400 Daytime Phone #