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 # **K43965** **(8)**

1. Corporation Name

OBG PROPERTIES, INC.

Principal Place of Business	Mailing Address
C/O JOHN F. KILEY 38829 BERCHFIELD ROAD LADY LAKE FL 32159	C/O JOHN F. KILEY 38829 BERCHFIELD ROAD LADY LAKE FL 32159

3. Date Incorporated or Qualified: **11/10/1988**
3a. Date of Last Report: **04/25/1995**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: **59-2923114** ☐ 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

KILEY, JOHN F.
38829 BERCHFIELD ROAD
LADY LAKE FL 32159

10. Name and Address of New Registered Agent

81 Name: KILEY JUDITH E
82 Street Address (P.O. Box Number is Not Acceptable): 38829 BERCHFIELD RD
83:
84 City: LADY LAKE FL 85 Zip Code: 32159

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: Judith E Kiley JUDITH E KILEY DATE: 4-16-96
(Signature of new registered agent, if changed) (NOTE: Registered Agent's signature is required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KILEY, JOHN F.		1.2 NAME		
STREET ADDRESS	38829 BERCHFIELD ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	LADY LAKE FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	PTS	☐ Change ☒ Addition
NAME	KILEY, JUDITH E		2.2 NAME		
STREET ADDRESS	38829 BERCHFIELD ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	LADY LAKE FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	V	☐ Change ☒ Addition
NAME			3.2 NAME	ALFEI, MAT	
STREET ADDRESS			3.3 STREET ADDRESS	~~PO BOX 5103~~ 16513 Anchor Way	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	JAMAICA BEACH, TX 77554	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	700001847567	
STREET ADDRESS			5.3 STREET ADDRESS	-06/03/96--01029--032	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***200.00	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		5-1-96
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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: Judith E Kiley 4-16-96 352-753-1384
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Judith E Kiley