

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90029 043 ***150.00

DOCUMENT # K52226

1. Entity Name

FLOUNDER PROPERTIES, INC.



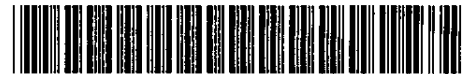
Principal Place of Business

C/O B. HARRELL
P. O. BOX 2472
PENSACOLA FL 32513-472
US

Mailing Address

C/O B. HARRELL
P. O. BOX 2472
PENSACOLA FL 32513-472
US

54034305



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2921132

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARRELL, B. W.
1233 STOW AVENUE
PENSACOLA FL 32513

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DST	<input type="checkbox"/> Delete
NAME	HARRELL, SUSAN WRIGHT	
STREET ADDRESS	2555 PARADISE PT. DR.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	VAN NORTWICK, HOPE H.	
STREET ADDRESS	1238 BEACH AVE.	
CITY-ST-ZIP	ATLANTIC BEACH FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	TINKLER, PENNY HARRELL	
STREET ADDRESS	3153 ELMORA CT.	
CITY-ST-ZIP	MARIETTA GA	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRELL, AUDREY R.	
STREET ADDRESS	6306 S. MCDILL AVE. #428	
CITY-ST-ZIP	TAMPA FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	HARRELL, B. W.	
STREET ADDRESS	1233 STOW AVENUE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bobella W. Harrell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/04 850-433-4142
Date Daytime Phone #