


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

FILED
Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K833380** (1)

1. Corporation Name

TARPON FLATS NO. 3, INC.

Principal Place of Business

135 PONTE VEDRA BLVD.
PONTE VEDRA BEACH FL 32082-1313

Mailing Address

135 PONTE VEDRA BLVD.
PONTE VEDRA BEACH FL 32082-1313

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/25/1989

4. FEI Number

59-2944243

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ 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 Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

**HILL, WILLIAM H., JR.
2106 SAWGRASS VILLAGE
PONTE VEDRA BEACH FL 32082**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 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 agree to the duties imposed by Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of registered agent and not applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

JAN 27 1998

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	HIXON, JOSEPH M.	
STREET ADDRESS	2915 INDEPENDENCE SQUARE	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	SMITHWICK, WALTER (DR.)	
STREET ADDRESS	1801 BARRS ST., STE 600	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEMASTER, EDWARD B. III	
STREET ADDRESS	135 PONTE VEDRA BLVD.	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	

TITLE	ST	<input type="checkbox"/> DELETE
NAME	LEMASTER, HARRIET	
STREET ADDRESS	135 PONTE VEDRA BLVD.	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	LOVETT, RADFORD	
STREET ADDRESS	129 PONTE VEDRA BLVD.	
CITY-ST-ZIP	PONTE VEDRA BCH. FL 32082	

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 as an attachment with an address.

SIGNATURE:

Edward B. Lemaster

JAN 31 98

904-285-6017

CR2E034 (10/97)