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

**PROFIT CORPORATION ANNUAL REPORT** 

1998

Principal Place of Business

2. Principal Place of Business

8494 NAVARRE PKWY 30 S. SPRING ST NAVARRE FL 32568-6904

21



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L50447 BISCAYNE POINT PROPERTIES, INC.

Mailing Address 8494 NAVARRE PKWY

30 S. SPRING ST NAVARRE FL 32566

2a. Mailing Address

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(6)

## **FILED** Apr 22 1998 8:00am Secretary of State

	DO NOT WRITE IN THIS SPACE
3.	Date Incorporated or Qualified 02/08/1990
4	FEI Number

Not Applicable

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Suite, Apt.	#, etc.	etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional		
22		27				5. Certificate of Status Desired	Fee R	equired		
City & Stat	City & State City & State					6. Election Campaign Financing	\$5.00	May Be		
23	28)				Trust Fund Contribution Added to Fees					
Zip	Country Zip Co			try  8. This corporation owes or has paid the current year Intangible			tangible			
25 29 30				Personal Property Tax due June 30. 🛂 Yes 🔲 No				] No		
	9. Name and Address of Current I	Registered Agent	8			10. Name and Address of New Re	gistered Agent			
WALTON, GARRETT W.					ne					
17 S PALAFOX ST STE 394 PENSACOLA FL 32501					Street Address (P.O. Box Number is Not Acceptable)					
					Olicet Address (1.0. Dox Humbel 15 Not Acceptable)					
					83					
			8	4 City			FL B5 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, 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 Signature, typed or printed name of registered agent and tire if applicable (NOTE Registered Agent signature required when relinstating)  DATE										
12.	OFFICERS AND I	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	RS IN 12		
TITLE	U	DELETE	1.1 TITLE				☐ Change	Addition		
NAME	PULLUM, WILLIAM A		1.2 NAME	E						
STREET ADDRESS 8494 NAVARRE PARKWAY				1.3 STREET ADDRESS						
CITY-ST-ZIP	NAVARRE FL		1.4 CITY	- ST - ZIP						
TITLE	D	DELETE	2.1 TITLE				Change	Addition		
NAME	WALTON, GARRETT W.		22 NAMI	E				-		
STREET ADDRESS	17 S PALAFOX ST STE 394		2.3 STRE	et addre:	is l					
CITY-ST-ZIP	PENSACOLA FL		2. 4 CITY	- ST-71P				ĺ		
TITLE		☐ DELETE	3.1 TITLE		1		☐ Change	Addition		
NAME			3.2 NAM	E				i		
STREET ADDRESS			3.3 STRE	et addre:	ss l			•		
CITY-ST-ZIP			3.4. CITY					ĺ		
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	4.1 TITLE				Change	Addition		
NAME		-	4. 2 NAM	IĘ						
STREET ADDRESS				ET ADDRES	is l					
CITY-ST-ZIP			4.4 CITY							
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STREET ADDRESS				- Et addre:	is l			ļ		
CITY-ST-ZIP			5.4 CITY		~					
TITLE		☐ DEL <b>E</b> TE	6.1 TITLE		<del> </del>		Change	Addition		
NAME		<del></del> ''	6.2 NAME		l					
STREET ADDRESS				- et addre:						
			•		~					
City-St-ZiP	partify that the information supplified with	this filing does not qualify fo	6.4 CITY-		ated in S	ection 119 07(3)(i) Florida Statutes 1	further certify that the	information		
indicated	14. I hereby certify that the information such that 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 supplymental 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 in 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 changes, or prival attachment with an address.

SIGNATURE.

William As Pullum

4/16/98

(850)9392363