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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 13 1998 8:00am Secretary of State

DOCUMENT # L57993 (2) 1. Corporation Name FLICKINGER PROPERTIES, INC.									
Principal Place of Business Mailing Address							H CIDII BIDII GI	ON SLOK BIEN	1 8 (8 (1) 1 1 1
181 KETTLE H PLACIDA FL 3 US		PO BOX 626 PLACIDA FL 33946 US			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified			
2, Principal Place of Business 2a. Mailing Address			frace			03/13/1990 4. FEI Number		Tan	plied For
21	ace or bosiness	├ ─¹ "	26			59-2998472		<u> </u>	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. (Suite, Apt. #, etc.			Certificate of Status Desired		\$8.75 A	Additional
City & State	0		City & State			6. Election Campaign Financing		\$5.00	`
23		28	28			Trust Fund Contribution		Added to	
Zip 24	, ' \ ,		Zip Cou			This corporation owes or has paid the curre Personal Property Tax due June 30.		ent year Intangible	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Re	gistered A	gent			
BAT	rsel, C. Guy			81	Name				
1861 MACIDA ROAD #104				82	82 Street Address (P.O. Box Number is Not Acceptable)				
ENGLEWOOD FL 34223									
				83					
				84	City		FL	85 Zip C	Code
agent. I ar	to the provisions of Sections 607 056 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 607.1508, Flor e of Florida, Such cha pations of, Section 607	rida Statutes, the inge was author 7.0505, Florida S	e above rized by Statutes	named co the corporation	orporation submits this statement for the pration's board of directors. I hereby acceptation's		changing its intment as i	s registered registered
SIGNATURE	Signature, typed or printed name of registered au	ent and title if applicable	(NOTE: Regis	stered Age	nt signature rec	quired whon reinstating)	DATE		
12.	OFFICERS AN	ID DIRECTORS	1 1	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND I	DIRECTOR	S IN 12
TITLE	·		1.1 T(TLE				Change	☐ Addition	
NAME	FLICKINGER, MARTIN M.			.2 NAME					
STREET ADDRESS	12000 PLACIDA ROAD			.3 STREET	1		•		{i
CITY-ST-ZIP TITLE	PLACIDA FL 33946	——————————————————————————————————————		.4 CITY-S	T-ZIP			Change	Addition
NAME	— ···		2.2 NAME				0.141.190	Pidonion	
STREET ADDRESS				3 STREET	ADDRESS				
CITY-ST-ZIP				4 CITY-5	i				
TITLE				1 TITLE		······································		Change	Addition
NAME			3	.2 NAME					
STREET ADDRESS			3	.3 STREET	ADDRESS				
CITY-ST-ZIP				.4. CITY - S	ST-ZIP				
TITLE		L) (L1 TITLE			L	Change	Addition
HAME				2 NAME					[
STREET ADDRESS				.3 STREET					
CITY-ST-ZIP TITLE				4 CITY - S	1-214			Change	Addition
NAME		٠ سي		2 NAME	ł		-		
STREET ADDRESS			1	.3 STREET	ADDRESS				-
CITY-ST-ZIP				4 CITY - S					
TITLE	 			1 TITLE				Change	☐ Addition
NAME			[6	2 NAME					}
STREET ADDRESS			6	.3 STREET	ADDRESS]
CITY-ST-ZIP				.4 CITY - S					
14. I hereby c	ertity that the information supplied v	vith this fiting does no	t qualify for the	exemp	tion stated	in Section 119.07(3)(i), Florida Statutes. I	further cert	ity that the	information

. Thereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(). Florida Statutes. Turther 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 of the receiver of trustee expowered 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 of an attachment with an artifess.

SIGNATURE:

CHZEU34 (10/8/