

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

FILED
Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # M91773 (5) 1. Corporation Name PRICE REALTY GROUP, INC.		

Principal Place of Business 6110-13 POWERS AVE JACKSONVILLE FL 32217 US	Mailing Address 6110-13 POWERS AVE JACKSONVILLE FL 32217 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2843 MERCURY RD Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 57030 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/29/1988	
22 City & State 23 JACKSONVILLE, FLA Zip Country		27 City & State 28 JACKSONVILLE, FLA Zip Country		4. FEI Number 59-2900899 Applied For ☐ Not Applicable	
24 32217 25 DOVAL		29 32241-7030 30 DOVAL		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23 JACKSONVILLE, FLA		28 JACKSONVILLE, FLA		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24 32217 25 DOVAL		29 32241-7030 30 DOVAL		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent JACK PRICE 6110-13 POWERS AVE 2843 MERCURY RD JACKSONVILLE FL 32217		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	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PRICE, MICHAEL	1.2 NAME	
STREET ADDRESS	6110 POWERS AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	DV ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	JACK PRICE	2.2 NAME	
STREET ADDRESS	6110-13 POWERS AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address.

SIGNATURE _____ **Jack Price** **2/12/98** **(904) 733-7553**

CR2E034 (10/97)