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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M91773**

1. Corporation Name
PRICE REALTY GROUP, INC.

Principal Place of Business	Mailing Address
2843 MERCURY RD JACKSONVILLE FL 32217 US	P O BOX 57030 JACKSONVILLE FL 32241-7030 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 07/29/1988

2. Principal Place of Business	2a. Mailing Address
21 [redacted]	26 1905 Atlantic Blvd.
Suite, Apt. #, etc. 22 1909 Farragut Pl.	Suite, Apt. #, etc. 27
City & State 23 Jacksonville, FL.	City & State 28 Jacksonville, FL.
Zip 24 32207 Country 25	Zip 29 32207 Country 30

4. FEI Number: 59-2900899 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JACK PRICE 2843 MERCURY RD JACKSONVILLE FL 32217	81 Name: Michael S. Price 82 Street Address (P.O. Box Number is Not Acceptable) 83 1905 Atlantic Blvd. 84 City: Jacksonville FL 85 Zip Code: 32207

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: Michael S. Price Michael S. Price Jan. 25, 1999
Signature, typed or printed name of registered agent and title if applicable. (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	D/P/S	☒ Change ☐ Addition
NAME	PRICE, MICHAEL		1.2 NAME	Price, Michael S.	
STREET ADDRESS	6110 POWERS AVENUE		1.3 STREET ADDRESS	1905 Atlantic Blvd.	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Jacksonville, FL. 32207	
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		

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: Michael S. Price Michael S. Price Jan. 25, 1999 (904)396-4445
*SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #