

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Oct 07 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 # M99285 (2)
1. Corporation Name

REGENCY PINES MANAGEMENT CORPORATION



Principal Place of Business

1515 N HUNTINGTON LANE
#1017
ROCKLEDGE FL 32955

Mailing Address

1515 N HUNTINGTON LANE
#1017
ROCKLEDGE FL 32955

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/14/1988

4. FEI Number

59-2906251

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

21 1515 N. Huntington Ln

Suite, Apt. #, etc.

22 #611

City & State

23 Rockledge, FL

Zip

24 32955

Country

25 USA

2a. Mailing Address

26 1515 N. Huntington Ln

Suite, Apt. #, etc.

27 #611

City & State

28 Rockledge, FL

Zip

29 32955

Country

30 USA

9. Name and Address of Current Registered Agent

OWENS, MICK
1515 N. HUNTINGTON LANE #1017
ROCKLEDGE FL 32955

Suite #
changed

10. Name and Address of New Registered Agent

81 Name

MICK Owens

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

1515 N. Huntington Ln

83

84 City

Rockledge

85 Zip Code

FL 32955

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 SAME Agent

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME OWENS, MICKEY LEE

STREET ADDRESS P. O. BOX 2244 N/A

CITY-ST-ZIP KOKOMO IN

TITLE D ☐ DELETE

NAME WORTHLEY, STEWART K.

STREET ADDRESS R.R. 1, BOX 200 N/A

CITY-ST-ZIP PATRICK SPGS. VA

TITLE S ☐ DELETE

NAME COLLINS, CHANDRA S

STREET ADDRESS 3394 E 300 SO

CITY-ST-ZIP KOKOMO IN

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 on an attachment with an address.

SIGNATURE:

[Signature]

8/31/98 (TUE) 453-9100

CR2E034 (5/98)