A MENOMENT TO ANNUAL REPORT FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

14. I hereby certify that the informating indicated on this annual report

officer or director of the corpora Block 12 or Block 13 if changed

Jun 29 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Socretary of State 1**9**98 DIVISION OF CORPORATIONS NO8234 **DOCUMENT #** Pickett Downs Units II of III alomeowners' Mailing Address P.G. Box 7 DO NOT WRITE IN THIS SPACE Chulmota, FL 32766 3. Date Incorporated or Qualified 2. Principal Place of Business 4. FEI Number Applied For 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zio Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 82 Street Address (P.O. Box Number is Not Acceptable) 84 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. Thereby accept the appointment as registered agent. Lan familiar with, and accept the objections of Section 607.0505, Florida Statutes. MARGARET WOBB IT SIGNATURE 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 **X** DELETE THUE 1.1 TOGE Change Addition wartin Belson NAME 1.2 NAME 2030 Picketh Downs Drive STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CHY-ST-ZIP TITLE 2.1 TOLE NAME 2.2 NAME Teresa 154 Pickett Downs Drive STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP 101a, FL 32766 DELETE TITLE 3 1 THLE NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP TITLE DELFTE Change Addition 4 1 TiTUE NAME 4 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CHY-ST-ZIP 4.4 CITY - ST - ZIP DELLIE TITL F 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 61 TITLE SUCH 10 R 15 P 4 P Change Addition NAME 6.2 NAME -05729793- 01073- 70**1**6 STREET ADDRESS 6.3 STREET ADDRESS **永和**和日子。2年。 CITY-ST-ZIP 64 CHY-ST-ZIP

rith an address

iling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information report is true and accurate and that my signature shall have the same legal offect as if made under oath; that I am an trustee emprovered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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