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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P31581

(2)

ARBOR PROPERTIES DEVELOPMENT, INC.

FILED Jan 28 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 2495 MEADOWRIDGE LANE 2750 OLD ST. AUGUSTINE RD. **OFFICE** MONTGOMERY AL 36117 TALLAHASSEE FL 36107 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/30/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 63-1027963 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax_due June 30. Yes, 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BOOTH, ED ESQ 81 Name **522 EAST PARK AVENUE** Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32302 83 84 85 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Addition DELETE Change TITLE 1.1 TITLE THAMES, WILLIAM G. 1.2 NAME NAME 2495 MEADOW RIDGE LANE STREET ADDRESS 1.3 STREET ADDRESS MONTGOMERY AL 04 1.4 CITY - ST - ZIP CITY-ST-ZIP ☐ Change DELETE TITLE 2.1 TITLE ☐ Addition THAMES, W. GORDON, JR. NAME 2.2 NAME 2750 OLD ST. AUGUSTINE RD. STREET ADDRESS 2.3 STREET ADDRESS TALLAHASSEE FL 2. 4 CłTY-ST-ZIP CITY-ST-ZIP I DELETE TITLE 3.1 TITLE Change 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 51 TID F TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 6.1 TITLE ☐ Change TITLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I hereby certify that the information supplied with this filling 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 Black 12 or Block 13 if changed, or on an attachment with an address. WILLIAM

SIGNATURE:

Gordon

850-656-7667