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

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 02 1998 8:00am
Secretary of State

DOCUMENT # **P37386** (0)

1. Corporation Name

STRIPLING PROPERTIES, INC.

John W Stripling

Principal Place of Business	Mailing Address
CANAL STREET. BOX 73 SUWANNEE FL 32692 US	2519 OVERLAKE LANE STOCKBRIDGE GA 30281

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/03/1992

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

4. FEI Number: 58-1973246 ☐ 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

9. Name and Address of Current Registered Agent

STRIPLING, J. DAVID
CANAL STREET. BOX 73
SUWANNEE FL 32692

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

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: John W Stripling President — 1-24-98
(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	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	STRIPLING, KEITH W		1.2 NAME		
STREET ADDRESS	2580 BRUSHY NOB LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	STOCKBRIDGE GA 30281		1.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	STRIPLING, SARA J.		2.2 NAME		
STREET ADDRESS	2519 OVERLAKE LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	STOCKBRIDGE GA 30281		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LOWE, DEBBIE M.		3.2 NAME		
STREET ADDRESS	805 GARDNER RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	STOCKBRIDGE GA 30281		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	STRIPLING, DONNA LISA		4.2 NAME		
STREET ADDRESS	3816 LONDON DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	DECATUR GA 30032		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	STRIPLING, J. DAVID		5.2 NAME		
STREET ADDRESS	CANAL STREET BOX 73		5.3 STREET ADDRESS		
CITY-ST-ZIP	SUWANNEE FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	STRIPLING, KEVIN M.		6.2 NAME		
STREET ADDRESS	2612 ABBEY RIDGE RD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	CONYERS GA 30208		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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: John W Stripling — 1-24-98 — 78-474-0865