FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Mar 24 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 P92000002165 (8) DOCUMENT # PREMIERE PROPERTIES AND HOMES, INC. Principal Place of Business Mailing Address 3419 APALACHEE PKY 1961 RAYMOND TUCKER RD. SUITE B SUITE B DO NOT WRITE IN THIS SPACE TALLAHASSEE FL 32301 TALLAHASSEE FL 32311 ПŜ U\$ 3. Date Incorporated or Qualified 11/05/1992 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3150423 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 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes □ No 24 25 30 10. Name and Address of New Registered Agent 9, Name and Address of Current Registered Agent 81 SIMMONS, JOHN 1961 RAYMOND TUCKER RD Street Address (P.O. Box Number is Not Acceptable) 82 TALLAHASSEE FL FL323-11 83 84 City 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. Stonature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) CR2E034 (10/97) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 **PVPS** Change DELETE 1.1 TITLE TITLE SIMMONS, JOHN NAME 1.2 NAME 1981 RAYMOND TUCKER RD STREET ADDRESS 1,3 STREET ADDRESS TALLAHSSEE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZiP DELETE Addition Change 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADORESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition TITLE DELETE 4.1 TITLE Change | NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS

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 on 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 or an appear with an address.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME

☐ DELETE

SIGNATURE.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

3-19-98

☐ Change

Addition