

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

FILED

Apr 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000006862 (6)

1. Corporation Name

MATECUMBE PROPERTIES, LTD., INC.



Principal Place of Business 88000 OVERSEAS HIGHWAY ISLAMORADA FL 33036 US	Mailing Address P.O. BOX 4567 DALTON GA 30719-1567 US
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2. Principal Place of Business 21 76004 Overseas Hwy Suite, Apt. #, etc. 22 City & State Islamorada, FL 23 Zip 33036 24 Country USA	2a. Mailing Address 27 Suite, Apt. #, etc. Same 28 City & State 29 Zip 30 Country
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3. Date Incorporated or Qualified 11/23/1992	3a. Date of Last Report 04/19/1996
4. FEI Number 65-0418960	☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

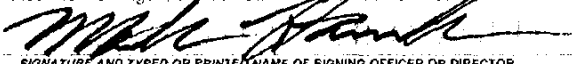
9. Name and Address of Current Registered Agent MIKLAS, JOE 88000 OVERSEAS HWY. ISLAMORADA FL 33036	10. Name and Address of New Registered Agent 81 Name MARK E. HANNAH 82 Street Address (P.O. Box Number is Not Acceptable) 96 AL CAYLOR, CPA 83 76004 Overseas Hwy 84 City Islamorada FL 85 Zip Code 33036
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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 607.0502, Florida Statutes.

SIGNATURE:  DATE: 3/27/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVD	1.1 TITLE	☐ Change ☐ Addition
NAME	HANNAH, MARK E	1.2 NAME	
STREET ADDRESS	125 ELLA LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DALTON GA 30720	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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:  DATE: 3/27/97

CR2E034 (9/96)