FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P93000000526 (2)

1. Corporation Name

EMERALD PROPERTIES, INC.

Principal Place of Business

100-B U.S. HIGHWAY 27
P.O. BOX 218
MINNEOLA FL 34755

Mailing Address

P O BOX 120549
CLERMONT FL 34712
US

3. Date Incorporated or Qualified: 12/29/1992
3a. Date of Last Report: 06/05/1995
4. FEI Number: 59-3158085 — 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

2. Principal Place of Business
21 16903 LAKESIDE DR
Suite, Apt #, etc.
22 SUITE 6
City & State
23 MONTVERDE FL
Zip 24 34756 Country 25 US

2a. Mailing Address
26 P.O. BOX 560007
Suite, Apt #, etc. 27
City & State 28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

GOLBY, KENNETH H
100-B U.S. HIGHWAY 27
MINNEOLA FL 34755

10. Name and Address of New Registered Agent

81 Name GEE GEE FRANKLIN
82 Street Address (P.O. Box Number is Not Acceptable) 16903 LAKESIDE DR.; SUITE 6
83 P.O. BOX 7
84 City MONTVERDE FL 85 Zip Code 34756

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] GEE GEE FRANKLIN 3/22/96

12. OFFICERS AND DIRECTORS

TITLE	PST	☒ DELETE
NAME	GOLBY, KENNETH H	
STREET ADDRESS	11922 CYPRESS LANE	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PST	☒ Change ☐ Addition
1.2 NAME	GEE GEE FRANKLIN	
1.3 STREET ADDRESS	16903 LAKESIDE DR. 6 (P.O. BOX 7)	
1.4 CITY-ST-ZIP	MONTVERDE FL 34756	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] KENNETH H. GOLBY 3/22/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)