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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Mar 31 1998 8:00am

Secretary of State

10097

CR2E034

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000012115 (0)

H & R PROPERTIES OF NORTHWEST FLORIDA, INC.

Block 12 or Block 13 if changed, or on an attachment with an address.

Principal Place of Business Mailing Address 8625 N. PALAFOX ST. 8625 NORTH PALAFOX ST. PENSACOLA FL 32534 PENSACOLA FL 32534 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/10/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3165999 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 Zip Country Country 8. This corporation owes or has paid the current year Intangible X Yes □ No 24 29 30 Personal Properly Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ROBERTSON, WILSON B 81 **8625 NORTH PALAFOX STREET** 82 Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32534 83 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the pursose 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE ROBERTSON, WILSON B NAME 12 NAME 8625 N. PALAFOX ST. STREET ADDRESS 1.3 STREET ADDRESS PENSACOLA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE HUNT, WILLIAM A 2.2 NAME NAME 110 HIGHPOINT DRIVE STREET ADDRESS 2.3 STREET ADDRESS **GULF BREEZE FL** 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETÉ Change Addition 41 TITLE TIT) F NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change ___ Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP CITY-\$T-ZIP

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 suppliemental 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 received or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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