SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
Oct 08 1998 8:00am
Secretary of State

DOCUMENT # P93000032481 (2)

1. Corporation Name
MASON-PHILLIPS PROPERTIES OF FLORIDA, INC.

Principal Place of Business
472 OSCEOLA AVE SOUTH
JACKSONVILLE BEACH FL 32250

Mailing Address
472 OSCEOLA AVE. SOUTH
JACKSONVILLE BEACH FL 32250

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/05/1993

4. FEI Number
59-3227739 [ ] 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. [X] Yes [ ] No

2. Principal Place of Business
21 2320 S. THIRD STREET
Suite, Apt. #, etc.
22 11
City & State
23 JACKSONVILLE BEACH, FL
Zip
24 32250
Country
25 DUVAL

2a. Mailing Address
26 2320 S. THIRD ST
Suite, Apt. #, etc.
27 11
City & State
28
Zip
29 32250
Country
30 DUVAL

9. Name and Address of Current Registered Agent
CHARLES E. HARTMAN
472 OSCEOLA AVE
637 PARK ST.
JACKSONVILLE FL 32250

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
2320 S. THIRD STREET
83 #11
84 City
JACKSONVILLE FL
85 Zip Code
32250

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 of the New Registered Agent, if changed) (Signature of Registered Agent, if not changing)
DATE

12. OFFICERS AND DIRECTORS

TITLE CT
NAME WINCHESTER, FLOYD
STREET ADDRESS 8 FAIR OAKS
CITY ST ZIP GREENVILLE SC 29615
[X] DELETE

TITLE P
NAME HARTMAN, CHARLES E
STREET ADDRESS 90 TIFTON COVE NORTH
CITY ST ZIP PONTE VEDRA BEACH FL
[ ] DELETE

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
[ ] DELETE

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
[ ] DELETE

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
[ ] DELETE

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D
12 NAME VANESSA LYNN HARTMAN
13 STREET ADDRESS 2320 S. THIRD STREET
14 CITY ST ZIP JACKSONVILLE BEACH, FL 32250
[ ] Change [X] Add

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP
[ ] Change [ ] Add

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP
[ ] Change [ ] Add

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP
[ ] Change [ ] Add

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP
[ ] Change [ ] Add

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP
[ ] Change [ ] Add

14. I hereby certify that the information supplied within 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: 9.30.96 9/96/27A 10V3

C02000047588