


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

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90096 041 \*\*\*158.75

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P93000066030</b>					
1. Corporation Name <b>PACT REAL ESTATE CORPORATION OF GA</b>					
Principal Place of Business <b>8340 AMERICAN WAY GROVELAND FL 34736 US</b>			Mailing Address <b>P.O. BOX 625 GROVELAND FL 34736 US</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/17/1993</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-3208159</b>	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24		25		29	
29		30		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
<b>PHILIP R. FULMER 8000 CHERRY LAKE ROAD GROVELAND FL 34736</b>			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City <b>FL</b> 85 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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	EVP <input type="checkbox"/> DELETE				
NAME	FULMER, BARBARA B				
STREET ADDRESS	8971 CHARLESTON PK				
CITY-ST-ZIP	ORLANDO FL				
TITLE	P <input type="checkbox"/> DELETE				
NAME	TURNER, CYNTHIA F				
STREET ADDRESS	137 HARTINGTON DR				
CITY-ST-ZIP	MADISON AL				
TITLE	S <input type="checkbox"/> DELETE				
NAME	FULMER, PHILIP R				
STREET ADDRESS	8000 CHERRY LAKE ROAD				
CITY-ST-ZIP	GROVELAND FL				
TITLE	VP <input type="checkbox"/> DELETE				
NAME	FULMER, CARROLL A				
STREET ADDRESS	14726 GORD NECK DRIVE				
CITY-ST-ZIP	MONTEVERDE FL				
TITLE	VP <input type="checkbox"/> DELETE				
NAME	FULMER, TIMOTHY A				
STREET ADDRESS	9239 WOODBREEZE BLVD				
CITY-ST-ZIP	WINDERMERE FL				
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	EVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME	FULMER, BARBARA B.				
1.3 STREET ADDRESS	11050 Autumn Lane				
1.4 CITY-ST-ZIP	Clermont, FL 34711				
2.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME	TURNER, CYNTHIA F.				
2.3 STREET ADDRESS	12928 Lookingbill Lane				
2.4 CITY-ST-ZIP	Athens, AL 35611				
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)