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

CORPORATION ANNUAL REPORT

1998

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CITY-ST-ZIF



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000070502 (8)

PACT REAL ESTATE CORPORATION OF NC

Principal Place of Business Mailing Address P.O. BOX 625 8340 AMERICAN WAY **GROVELAND FL 34736 GROVELAND FL 34736** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/04/1993 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 26 59-3208161 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. Yes ☐ No 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 FULMER, PHILIP R. 8000 CHERRY LAKE ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **GROVELAND FL 34736** В3 84 City 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 Signature, typed or printed name of registered a jent and title if applicable. (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition TITLE 1.1 TITLE Change FULMER, BARBARA B NAME 1.2 NAME 8971 CHARLESTONPK STREET ADDRESS 13 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 14 CITY-ST-ZIP DELETE PHES Change Addition TITLE 21 TITLE TURNER, CYNTHIA F NAME 2 2 NAME 137 HARTINGTON DR STREET ADDRESS 2 3 STREET ADDRESS MADISON AL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE FULMER, PHILIP R 3 2 NAME NAME 8000 CHERRY LAKE ROAD STREET ADDRESS 3 3 STREET ADDRESS **GROVELAND FL** CITY-ST-ZIP 3.4. CITY - ST - ZIP □ DELETE Change Addit:on TITLE 4.1 TITLE FULMER, CARROLL A NAME 4. 2 NAME 14726 GORD NECK DROVE 4.3 STREET ADDRESS STREET ADDRESS MONTEVERDE F CITY-ST-ZIP 4.4 CHY-ST-7(P DELETE ☐ Change Addition TITLE 5.1 TITLE FULMER, TIMOTHY A NAME 52 NAME 9239 WOODBREEZE BLVD. STREET ADDRESS 5.3 STREET ADDRESS WINDERMERE FL CITY-ST-ZIP 5.4 CITY-ST-ZIP Change DELETE 6.1 TITLE Addition TITLE NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

14. Thereby 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 alternment with an address.

SIGNATURE: __ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/98 352-429-5000 Date Daytime Photo # 0485673

FILED

May 15 1998 8:00am

Secretary of State