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

05-04-1999 90096 042 \*\*\*158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000070502

1. Corporation Name

PACT REAL ESTATE CORPORATION OF NC

Principal Place of Business

8340 AMERICAN WAY  
GROVELAND FL 34736  
US

Mailing Address

P.O. BOX 625  
GROVELAND FL 34736  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

10/04/1993

4. FEI Number

59-3208161

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 the current year Intangible  
Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

FULMER, PHILIP R.  
8000 CHERRY LAKE ROAD  
GROVELAND FL 34736

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(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 CHARLESTONPK	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PRES	<input type="checkbox"/> DELETE
NAME	TURNER, CYNTHIA F	
STREET ADDRESS	137 HARTINGTON DR	
CITY-ST-ZIP	MADISON AL	
TITLE	SEC	<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 DROVE	
CITY-ST-ZIP	MONTEVERDE F	
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	<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	<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	

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)