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FILED

May 15 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P94000009262 (4)

1. Corporation Name

PACT REAL ESTATE CORPORATION OF C.A.

Principal Place of Business

8340 AMERICAN WAY  
GROVELAND FL 34736

Mailing Address

PO BOX 625  
GROVELAND FL 34736

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/28/1994

4. FEI Number

59-3222508

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. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

FULMER, PHILIP R  
8000 CHERRY LAKE RD.  
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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME FULMER, BARBARA B  
STREET ADDRESS 8971 CHARLESTON PK.  
CITY-ST-ZIP ORLANDO FL 32819

TITLE VP ☐ DELETE

NAME TURNER, CYNTHIA F  
STREET ADDRESS 137 HARTINGTON DR.  
CITY-ST-ZIP MADISON AL 35758

TITLE VP ☐ DELETE

NAME FULMER, PHILIP R  
STREET ADDRESS 8000 CHERRY LAKE RD.  
CITY-ST-ZIP GROVELAND FL 34736

TITLE S ☐ DELETE

NAME FULMER, CARROLL A  
STREET ADDRESS 8971 GORD NECK DR.  
CITY-ST-ZIP MONTEVERDE FL 34756

TITLE VP ☐ DELETE

NAME FULMER, TIMOTHY A  
STREET ADDRESS 9239 WOODBREEZE BLVD.  
CITY-ST-ZIP WINDEREMERE FL 32819

TITLE COB ☐ DELETE

NAME FULMER, CARROLL L.  
STREET ADDRESS 8971 CHARLESTON PK.  
CITY-ST-ZIP ORLANDO FL 32819

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/98

Date

352-429-5000

Daytime Phone # 0485874

CR2E034 (10/97)