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Secretary of State

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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 # P94000009262

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 the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	FULMER, BARBARA B	
STREET ADDRESS	8971 CHARLESTON PK.	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	TURNER, CYNTHIA F	
STREET ADDRESS	137 HARTINGTON DR.	
CITY-ST-ZIP	MADISON AL 35758	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FULMER, PHILIP R	
STREET ADDRESS	8000 CHERRY LAKE RD.	
CITY-ST-ZIP	GROVELAND FL 34736	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FULMER, CARROLL A	
STREET ADDRESS	8971 GORD NECK DR.	
CITY-ST-ZIP	MONTEVERDE FL 34756	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FULMER, TIMOTHY A	
STREET ADDRESS	9239 WOODBREEZE BLVD.	
CITY-ST-ZIP	WINDEREMERE FL 32819	
TITLE	COB	<input type="checkbox"/> 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	P	<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	VP	<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	COB	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	FULMER, CARROLL L.	
6.3 STREET ADDRESS	11050 Autumn Lane	
6.4 CITY-ST-ZIP	Clermont, FL 34711	

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)

0508747