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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000029491 (5)

E & P REAL ESTATE INC.

Principal Place of Business Mailing Address				* ************************************	- 1.6.1 ± ± 11.1 ± 12.1 19.1 19.1 19.1
P O BOX 3117 LAKE CITY FL 32056 US		P O BOX 3117 LAKE CITY FL 32056 US		DO NOT WRITE IN TH	IIS SPACE
				<ol> <li>Date Incorporated or Qualified</li> <li>04/19/1994</li> </ol>	
2. Principal P	Place of Business	2a. Mailing Address 26		4, FEI Number 59-3251721	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5, Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25		Country 30	This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible ☑ Yes ☐ No
	g, Name and Address of Curr	ent Registered Agent		10. Name and Address of New Register	ed Agent
	ie <b>pr</b> entice-hall corporat	TON SYSTEM, INC.	81 Name		
1201 HAYS ST. SUITE 105			82 Street Ac	ddress (P.O. Box Number is Not Acceptable)	
TALLAHÄSSEE FL 32301			83	· · · · · · · · · · · · · · · · · · ·	
,			84 City	F	B5 Zip Code
office or r	registered agent, or both, in the Sta	ite of Florida. Such change was a	uthorized by the corpo	orporation submits this statement for the purpos ration's board of directors. I hereby accept the	e of changing its 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	ernest most talk of examinated (MCTE	: Registered Agent signature rei	quired when rainstating) DAT	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	P	DELETE	1.1 TITLE	13.50.00	Change Addition
NAME	ROST, ERIC C.		1.2 NAME		
STREET ADDRESS	P O BOX 3117 NA		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SCHILLING, PAUL J.		2.2 NAME		
STREET ADDRESS	P O BOX 3117 NA		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL	Dougt	2 4 CITY-ST-ZiP		D 01 D 44695
TITLE		DELETE	3.1 TITLE		L Change L Addition
NAME OTDEET ADODESCE			3 2 NAME		
STREET ADORESS			3.3 STREET ADDRESS		
CITY+ST-ZIP TITLE		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME		_	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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 suppliemental 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 13 if changed, or on an attachment with in ories.

U-11 98 (904)

**FILED** 

Apr 23 1998 8:00am

Secretary of State

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