

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 # P94000035017 (0)

1. Corporation Name

PALM VALLEY PARTNERS INC.

Principal Place of Business

9 WILDERNESS TRL S
PONTE VEDRA BEACH FL 32082

Mailing Address

9 WILDERNESS TRL S
PONTE VEDRA BEACH FL 32082

2. Principal Place of Business

21 6 Roscoe Blvd So
Suite, Apt. #, etc.

26. Mailing Address

26 6 Roscoe Blvd So
Suite, Apt. #, etc.

22

City & State
23 Ponte Vedra Beach, FL

24

Zip 32082

Country USA

27. City & State

28 Ponte Vedra Beach, FL

Zip 32082

Country USA

9. Name and Address of Current Registered Agent

ANTHONY, KATHLEEN B
9 WILDERNESS TRL S
PONTE VEDRA BEACH FL 32082

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	NAME	<input type="checkbox"/> DELETE		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Kathleen B Anthony 1205 Neck Road Ponte Vedra Beach, FL 32082	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	<input type="checkbox"/> DELETE		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	<input type="checkbox"/> DELETE		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE	NAME	<input type="checkbox"/> DELETE		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	<input type="checkbox"/> DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	<input type="checkbox"/> DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *Sandra B. Mortham*



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/05/1994

4. FEI Number

59-3245708

Applied For

Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

10. Name and Address of New Registered Agent

CR2E034 (10/97)