Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90211 008 ***300.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000054392**

1. Corporation Name

REBA PROPERTIES, INC.

| TILDIT T | ior Enneo, inc. | | | | | | |
|--|--|-------------------------------|------------------|-------------------------|--|---------------------|----------------------------|
| Principal P ace | e of Business | Mailing Address | | | I (Malifibe ing sors) grött batti Batti gasi | | #1;# 11#1 1## 1 |
| 729 MORAVON AVENUE C/O 334 E DUVAL ST | | | | | | | |
| JACKSONVILLE FL 32211-6343 | | JACKSONVILLE FL 32202 | | DO NOT WRITE IN | TLIC CDACE | | |
| | | US | | | 3. Date Incorporated or Qualifed | TEIS SPACE | <u>-</u> |
| | | | | | 07/18/1994 | | |
| 2 Principa I Pl | lace of Business | 2a. Mailing Address | | | 4. FEI Number | App | lied For |
| — ' | lace of Busiless | 26 | | | 59- 3308367 | <u> </u> | Applicable |
| Suite, Apt. | # etc | Suite, Apt. #, etc. | | | | \$8,75 A | - |
| 22 | 7, 0.0. | 27 | | | 5. Certifcate of Status Desired | Fee Req | |
| City & State | | City & State | | | 6. Election Campaign Financing | \$5.00 + | Jav Be |
| 23 | | 28 | | | Trust Fund Contribution | Added to | |
| Zip | Country | Zíp | Cou | ıntry | 8. This corporation owes the current ye | | |
| 24 | 25 | 29 | 30 | | Personal Property Tax. | ☐ Yes | ZNo |
| | 9. Name and Address of Curre | nt Registered Agent | | | 10. Name and Address of New Regist | tered Agent | |
| 01.01 | ET ADMOUD II | | | 81 Name | | | |
| | IT, ARNOLD H | | | 82 Street Add | dress (P.O. Bo) Number is Not Acceptable) | <u> </u> | |
| 334 EAST DUVAL STREET JACKSONVILLE FL 32202 | | | | | | | |
| JACT | ASUINVILLE PL 32202 | | | 83 | | | |
| | | | | 84 City | | 85 Zip C | ode |
| | | | | | | FL S 2 | |
| office or re | to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the obliga | e of Florida. Such change was | s authorized | d by the corporat | poration submi s this statement for the purportion's board of directors. I hereby accept the | appointment as regi | egistered istered |
| SIGNATUF:E | | | | | - | ATE | |
| | Signature, typed or printed hains of registered age | | 27 E: Registered | d Agent signature requi | ADDITIONS/CHANGES TO OFFICE | | !S IN 12 |
| TITLE | P | ND DIRECTORS ☐ DELETE | 1,1 T | me T | ADDITIONS/OTHER DEC TO SEE | Change | Addition |
| | BUCHANAN, MARLA | | 1.2 N | | | _ • | _ |
| NAME | TOO MODELLON AVENUE | | TREET ADDRESS | | | | |
| STREET ADDRESS | JACKSONVILLE FL 32211 | | 1 | ITY-ST-ZIP | | | |
| CITY-ST-ZIP TITLE | DV DELETE 2.1 ft | | | | ☐ Change | Addition | |
| NAME : | BUCHANAN, DICK H | <u> </u> | | 1 | | | |
| STREET ADDRESS | 729 MORAVON AVENUE | | | TREET ADDRESS | | | |
| | JACKSONVILLE FL 32211 | | | ary-st-zip | | | j |
| CITY-ST-ZIP | DST | DELETE 3.1 TI | | · | | ☐ Change | ☐ Addition |
| NAME | BUCHANAN, JUANITA M | _ | 3.2 N | | | | |
| STREET ADDRESS | 729 MORAVON AVE | | | TREET ADDRESS | | | |
| CITY-ST-ZIP | JACKSONVILLE FL 32211 | | | CITY-ST-ZIP | | | |
| TITLE | , , , , , , , , , , , , , , , , , , , | | 41TI | | | ☐ Change | ☐ Addition |
| NAME | | | 4.21 | IAME | | | |
| STREET ADDRESS | | | | TREET ADDRESS | | | |
| CITY-ST-ZIP | | | | ITY-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 5.1 TI | | | Change | Addition |
| NAME | | | 5.2 N | 1 | | | |
| STREET ADDRESS | | | 5.3 S | TREET ADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 C | ITY-ST-ZIP | | | i |
| TITLE | | ☐ DELETE | 6.1 T | TLE | | ☐ Change | 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 recuired 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRE 3S

CITY-ST-ZIP

FICEI: OR DIRECTOR