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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400056419 (2)

SP REAL ESTATE, INC.

Principal Place of Business Mailing Address 13017 PARK BLVD 13017 PARK BLVD SEMINOLE FL 34846 SEMINOLE FL 34646 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/29/1994 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-3269230 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 33776 3774 ☐ Yes ☐ No 24 25 Personal Property Tax due June 30. 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BOWMAN, JACKSON H III 930 BAYVIEW PLACE N.E. 82 Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33704 63 84 City 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 hamo of registered agent and little if applicable (NO1E Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.17(1) BOWMAN, JACKSON H III NAME 1.2 NAME 930 BAYVIEW PLACE N.E. STREET ADDRESS 1.3 STHEET ADDRESS **ST PETERSBURG FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE STRICKLAND, ROBERT K 2.2 NAME 1343 52ND AVE. N.E. STREET ADDRESS 2.3 STREET ADDRESS ST PETERSBURG FL 33703 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 8.1 TITLE ☐ Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREFT ADDRESS 4.4 CHTY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY - ST - ZIP 54 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME

14. Thereby certify that the information supplied with this filling 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 fusice 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 attachmight an address.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

O ada H. Comme

4-29-98

2E034 (10/97)

FILED

May 11 1998 8:00am

Secretary of State