## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sanora B. Mortnam Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUI	MENT # <b>P940</b> 0	00072827 (6	<b>6)</b>		
•	ER PROPERTIES, INC.	•	,	1 100(+20) 110 Salik Digit 40(n) and	hi <b>88</b> th) <b>88</b> th 188th (188th 188th
Principal Place	of Business	Mailing Address			
212 SUDDU PARKER PANAMA CI US	TH PL TY FL 32404	P O BOX 64652 Callaway Panama City Fl 32 US	404	3. Date Incorporated or Qualified	3a. Date of Last Report
<ul> <li>Principal Pla</li> </ul>	ace of Business	2a. Mailing Address		<b>09/29/1994 4.</b> FEI Number	03/16/1995
21	000 0. Edginggo	26		NOT APPLICABLE	Applied For
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.			Not Applicable  \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip <b>24</b>	Country 25	Zipi 29	Country 30	8. This corporation has liability for in	ntangible tax under s. 199.032,
<u> </u>	9. Name and Address of Curren		[30]	Florida Statutes   Yes   10. Name and Address of New Ro	
			81 Name	10.	egigiesee Agent
	, Susan J		82 Street Addr	ress (P.O. Box Number is Not Acceptable	laì
	. Sudduth dr			655 1 10 10 10 10 10 10 10 10 10 10 10 10 1	
PANAM	A CITY FL 32404		83		
			84 City		<b>85</b> Zip Code
11. Pursuant to	o the provisions of Sections 607.0502	2 and 607 1508 Florida Statut	on the shows purped powers	ation submits this statement for the purp	FL
	ed agent, or both, in the State of Florion, and accept the obligations of, Section			ation submits this statement for the purp rd of directors. I hereby accept the appo	cose of changing its registered office pintment as registered agent. I am
SIGNATURE	п, апо ассерстве общущого от, оста	юп вольоов, попоз банцез	1.		~ ~
	Signature, typica or printed name of regulated a jent		OTS: Registered Agent eighabline required		DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITL <del>i</del> NAME	PD CDECNI CHCAN I	☐ DELETE	1 TITLE		☐ Change ☐ Addition
STREET ADDRESS	Green, Susan J 126 H.L. Sudduth Dr		1.2 NAME		
CITY-ST-ZIP	PANAMA CITY FL 32404		13 STREET ADDRESS		
TITLE	TOWNING OFFICE OFFICE	DELFIE	1.4 GITY - ST - ZIP 2.1 TITLE		Change Addition
NAME		·	2.2 NAME		Change
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY - ST. ZIP		
TITLE		☐ DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP TITLE		DELETE	3.4 G-TY - S1 - ZIP		
NAME		[] birtic	4 1 TITLE		Change Addition
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS		
City -ST - ZiP			4.4 CiTY - ST- ZIP		
TITLE		☐ DELETL	5 1 THLE		Change Addition
NAME			5.2 NAME		<u> </u>
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TOTLE	_	☐ DELETE	6 1 T: ILE		Change Addition
NAME CIRCUI ADDOCCO		\	6.2 NAME		
STREET ADDRESS CHTY-ST-ZIP	(	)	6.3 STREET ADDRESS		
14 I do bereby	certify that the information supplied w	vivi this filing is voluntarily furn	6.4 City-St-ZiP ished and does not qualify to	or the exemption stated in Section 119.0	(7/31/v) Florido Statidos 14 de -
oath; that I	the information indicated on this annu- am an officer or director of the cornor Block 12 or Block 13 if changed by or	ration or the receiver or trust $st$	ual report s true and accurate e empoyered to execute this	or the exemption stated in Section 119.0 e and that my signature shall have the si report as required by Chapter 607, Flor	ame legal effect as if made under rida Statutes; and that my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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