Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90070 045 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

1. Corporation Name

FLURIUA PENINSULA PROPERTIES, INC.									
Principal Place of Business Mailing Address					\dashv	L IMBLIMAN II A KASAL BIIIK AARIN AARIN BARIN AARIN	I MUIUI (1011 (03)	14 MENUL 210) 1401	
· ·	S CLEARVIEW AVE	PO BOX 1352	-						
TAMPA FL 3362	BRADENTON FL 34206-352								
U\$		US				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						01/01/1995			┧ .
2. Principal Pl	lace of Business	2a. Mailing Address	¬ ·			4. FEI Number		pplied For	-
21		Suite, Apt. #, etc.			\longrightarrow	65-0551571		lot Applicable Additional	┨
Suite, Apt.	#, etc.					5. Certifcate of Status Desired		Required	
City & State	Δ	City & State	City & State			6. Election Campaign Financing) May Be	1
<u> </u>	•	28				Trust Fund Contribution		to Fees	
Zip		Country			8. This corporation owes the current year			1	
24	Country Zip Cou			Personal Property Tax.			Yes	X 000	}
	9. Name and Address of Current Registered Agent					10. Name and Address of New Registere	d Agent]
NIDK	TAND W NELON		81	Name					
KIRKLAND, W. NELON 1206 MANATEE AVE W			82	Street /	Addres	s (P.O. Box Number is Not Acceptable)	<u> </u>		
	DENTON FL 34205		83				,		1
			84	City			85 Zip	Code	1
				<u></u>		<u></u>			-
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		Alore				hen reinstating) DATE			_ ا
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re OFFICERS AND DIRECTORS			nt signature it	eduired w	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12	ď
12.	D			TITLE		7.0511101020100	Change		(11/08)
NAME	KIRKLAND, W. NELON	12 NA		1.2 NAME					
STREET ADDRESS			1.3 STREET ADDRESS						103
CITY-ST-ZIP	BRADENTON FL 34209			1.4 CITY-ST-ZIP					5
TITLE	D		.1 TITLE				Change	Addition] [
NAME	KIRKLAND, JILES E JR	2.2 NA		2.2 NAME					
STREET ADDRESS			.3 STREE	TADORESS					
CITY-ST-ZIP	BALLANDER DE CASA.		. 4 CITY-1	ST-ZIP					}
TITLE			1 TITLE				☐ Change	☐ Addition	
NAME			2 NAME						
STREET ADDRESS		1 :	3 STREE	TADDRESS		•			
CITY-ST-ZIP			.4. CITY-9	ST-ZUP	ļ				
TITLE	☐ DELETE 4.1 TI		.1 TITLE			-	Change	Addition	1
NAME			. 2 NAME		ŀ				
STREET ADDRESS		Į.	3 STREE	T AODRESS					
CITY-ST-ZIP		j.	4 CITY-S	T-ZIP		·			
TITLE		☐ DELETE	.1 TITLE				Change	Addition	1
NAME			2 NAME						1
- STREET ADDRESS			3 STREE	TADDRESS			<u> </u>		-
CITY-ST-ZIP -			4 CITY-S	T-ZIP					4
			.1 TITLE		l		Change	Addition	1
NAME			.2 NAME						1

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP