## 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 # P95000009205 (2)

PONTE VEDRA SALES AND RENTALS, INC.

## FILED May 01 1998 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address		, <u></u>	-	
2111 SAWGRASS VILLAGE DRIVE PONTE VEDRA BEACH FL 32082		2111 SAWGRASS VILLAGE DRIVE PONTE VEDRA BEACH FL 32082		DO NOT MORE IN TH	110 0DAOE	
					DO NOT WRITE IN TH	IS SPACE
					01/31/1995	
2. Principal P	face of Business	2a. Mailing Address			4, FEI Number	Applied For
21	21 26				59-3293580	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			8. Certificate of Blatte Desired	Fee Required
City & State		City & State	<b>⊢</b> '		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	<b>28</b> Zip	Country	<del></del> .	Trust Fund Contribution	Added to Fees
24	25	29	30		<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>	Current year Intangible
[24]	g Name and Address of Curre		130		10. Name and Address of New Registers	
BE:	NNER, TIMOTHY J		81	Name		
2111 SAWGRASS VILLAGE DRIVE				Street Addr	ess (P.O. Box Number is Not Acceptable)	
PONTE VEDRA BEACH FL 32082			82	Stiest Addit	ess (r.o. box Number is Not Acceptable)	
			63			
			84	City		85 Zip Code
				•	F	·L   ·   .
office or r agent. I a					oration submits this statement for the purposion's board of directors. I hereby accept the a	
10	Signature, typed or printed name of registimed a OFFICERS A	pent and title if applicable (NC ND DIRECTORS	13.	nt signature require	ed when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS A	
12.			11 TITLE		ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	BENNER, TIMOTHY J		1.2 NAME			·
STREET ADDRESS			1.3 STREET	ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL 3		1.4 CITY - ST - ZIP			
TITLE			2.1 TITLE			Change Addition
NAME	KIRSCHMAN, ARTHUR		2.2 NAME			
STREET ADDRESS	ETT OTTO THE DIRECT		23 STREET	ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		2. 4 CITY-S	T-ZIP		Change     Addition
TITLE NAME	DOCCE IS		3.1 TITLE 3.2 NAME			Change Addition
STREET ADDRESS			3.2 NAME 3.3 STREET	ADDOFCC		
CITY-ST-ZIP			3.3 SINEET			
TITLE	DELETE		4.1 TITLE	1-211		Change Addition
NAME			4 2 NAME			·
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY - ST - ZIP			4.4 CITY-ST	r- ZIP		
TITLE	DELETE		5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP		——————————————————————————————————————	5 4 CITY - ST	r-ZIP		
TITLE		□ DELETE	61 TITLE			Change Addition

14. Thereby 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 cath; 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.

6.2 NAME

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

mother hanner Pros

4/16/98