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 #P95000019435

1. Corporation Name

TRUE VALUE PROPERTIES, INC.

Principal Place of Business

Mailing Address

.... IEF DOAD

WIN

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90113 035 ***150.00



| U LEE HOAU | | SUITE 115 | | | | |
|------------------------|--|-------------------------------------|---|--|--------------------|--------------|
| TE 115 ITER PARK FL | | | | DO NOT WRITE IN THIS SPACE | | |
| Entreme to serve | | | | 3. Date Incorporated or Qualifed | | |
| | | | | 02/02/1995 | | |
| 2. Principal | Place of Business | 2a. Mailing Address | | 4. FEI Number | App | lied For |
| 7.7. | Spar & Dimi | 26 155 SAPS | x Pant | 65-0567077 | Not | Applicable |
| Suite, Ap | ot. #, etc. | Suite, Apt. #, etc. | , , , , , , , , , , , , , , , , , , , | • 40 | \$8.75 A | dditional |
| 22 | | 27 | | 5. Certifcate of Status Desired | Fee Rec | quired |
| Çity & St | ate / | Çity & State | 1 01 | 6. Election Campaign Financing | \$5.00 | Vlay Be |
| 23 4000 | with the | 28 LM W 11) | V.FC | Trust Fund Contribution | Added to | Fees |
| Zip | Country | Zip 7 | Country | 8. This corporation owes the current ye | ar Intangible | V . |
| 24 30 | 779 25 USA | 29 32779 3 | 0 037 | Personal Property Tax. | | XIN0 |
| | 9. Name and Address of Currer | nt Registered Agent | 04 11 | 10. Name and Address of New Regist | ered Agent | |
| HODG | EES INE D ID | | 81 Name | | | |
| | Ges, joe d Jr. Lee road Suite #115 | | | dress (P.O. Box Number is Not Acceptable) | 71 | |
| | ER PARK FL 32789 | | 155 | >HOHL PUM L | | |
| ****** | -11 I AIR I E 32/09 | | 83 | | ** | |
| 4 | | | 84 City / | an Cours | 85 Zip C | |
| | | 1007 4500 51 11 01 | 40 | 10000000 | | registered |
| office o | r registered agent, or both, in the State | of Florida. Such change was auti | norized by the corporal | rporation submits this statement for the purpo tion's board of directors. I hereby accept the | appointment as reg | istered |
| agent. I | am familiar with, and accept the obliga | ations of, Section 607.0505, Florid | a Statutes. | | ٠ | |
| SIGNATUR | E | | | ired when reinstating) DA | | |
| | Signature, typed or printed name of registered age | | egistered Agent signature requi | ADDITIONS/CHANGES TO OFFICER | | 2S IN 12 |
| 12. | | ND DIRECTORS | 13. 1.1 TITLE | ADDITIONS/CHANGES TO CITICE! | Change | Addition |
| | HODGE IOE D IB | C percie | | | | |
| | HODGES, JOE D JR. | | 1.2 NAME | | • | |
| | \$1850 LEE ROAD STE 115 | | 1.3 STREET ADDRESS | | | |
| | WINTER PARK FL 32789 | □ DELETE | 1.4 CITY-ST-ZIP | | Change | Addition |
| TITLE | | - DELETE | 2.1 TITLE | | | |
| NAME | | | 2.2 NAME | | | |
| STREET ADDRES | ss | | 2.3 STREET ADDRESS | | | ļ |
| CITY-ST-ZIP | | | 2.4 CITY-ST-ZIP | | Change | Addition |
| TITLE | | ☐ DELETE | 3.1 TITLE | | ☐ Ollarigo | 7.000000 |
| NAME | | | 3.2 NAME | | | |
| STREET ADDRES | ss | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | □ SELETE | 3.4. CITY-ST-ZIP | | Change | Addition |
| TITLE | | DELETE | 4.1 TITLE | | | L Addition |
| NAME | | | 4. 2 NAME | | | |
| STREET ADDRES | ss | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | Charter | □ Addition |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change | ☐ Addition ☐ |
| NAME | | | 5.2 NAME | | | |
| STREET ADDRES | ss | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 CITY- ST-ZIP | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | Change | ☐ Addition |
| NAME | | | 6.2 NAME | | | |
| STREET ADDRES | ss | | 6.3 STREET ADDRESS | | | |
| CITY-ST-7IP | | | 6.4 CITY-ST-ZIP | | | |

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 allachment with an address, with all other like empowered.

SIGNATURE: