

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

FILED
Jan 16 1998 8:00am
Secretary of State

DOCUMENT # **P95000034624 (3)**

1. Corporation Name

MYRTLE PROPERTIES INC.

Principal Place of Business

**1610 N MYRTLE AVE
CLEARWATER FL 34615**

Mailing Address

**1610 N MYRTLE AVE
CLEARWATER FL 34615**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/27/1995

4. FEI Number

59-3314264

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**SKALSKI, JOSEPH C
13770 58TH ST N
SUITE 303
CLEARWATER FL 34620**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

10. Name and Address of New Registered Agent

Todd Kugler

413 Father Tree Drive

Clearwater

FL

85 Zip Code

34625

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

Todd Kugler
Signature, typed or printed name of registered agent and title if applicable.

Todd Kugler
(NOTE: Registered Agent signature required when reinstating)

DATE

1-6-98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PD
KUGLER, JUDITH
1610 N MYRTLE AVE
CLEARWATER FL 34615**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VD
KUGLER, BRAD
1610 N MYRTLE AVE
CLEARWATER FL 34615**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VD
KUGLER, RYAN
1610 N MYRTLE AVE
CLEARWATER FL 34615**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

**STD
KUGLER, TODD
1610 N MYRTLE AVE
CLEARWATER FL 34615**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

CITY - ST - ZIP

CITY - ST - ZIP

CITY - ST - ZIP

CITY - ST - ZIP

CITY - ST - ZIP

CITY - ST - ZIP

CITY - ST - ZIP

CITY - ST - ZIP

CITY - ST - ZIP

CITY - ST - ZIP

CITY - ST - ZIP

CITY - ST - ZIP

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 attachment with an address.

SIGNATURE:

Todd Kugler
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT

1-6-98

813 447 4147

CR2E034 (10/97)