

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 # P95000036039

1. Corporation Name

TREASURE ISLAND PROPERTIES, INC.

Principal Place of Business

3651 HWY 441 SE
OKEECHOBEE FL 34974
US

Mailing Address

3003 SE 25 ST
OKEECHOBEE FL 34974

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/03/1995

4. FEI Number

65-0584592

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒

Yes ☐ No

9. Name and Address of Current Registered Agent

HALL, JIMMY G
3003 SE 25 ST
OKEECHOBEE FL 34974

10. Name and Address of New Registered Agent

81 Name

JIMMY G HALL

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

3651 HWY 441 SE. #10

83

8

84 City

OKEECHOBEE

FL

85 Zip Code

34974

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CPD
HALL, JIMMY G
3003 SE 25 ST
OKEECHOBEE FL 34974

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

STD
HALL, BETTY G
3003 SE 25 ST
OKEECHOBEE FL 34974

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VD
GRIFFIN, RUSSELL J
1571 SW 13 PL
BOCA RATON FL 33486

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JIMMY G. HALL 3/12/99 (941) 3573300

Date

Daytime Phone #

CR2E034 (1/98)