

DOCUMENT # P95000054793

1. Corporation Name
PRIME PROPERTY, INC.

Principal Place of Business
1345 ORANGE CIRCLE SOUTH
ORANGE PARK FL 32073

Mailing Address
1345 ORANGE CIRCLE SOUTH
ORANGE PARK FL 32073

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 4033 COQUINA DR
Suite, Apt. #, etc.

2a. Mailing Address
26 4033 COQUINA DR
Suite, Apt. #, etc.

22 City & State
23 Jacksonville, FL
Country

27 City & State
28 Jacksonville, FL
Country

24 Zip
25 32250
29 DUVAL

30 Zip
31 32250
32 DUVAL

3. Date Incorporated or Qualified
07/12/1995

4. FEI Number
59-3324559

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 the current year Intangible Personal Property Tax Yes No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
SCHMIDT, JAMES A
1345 ORANGE CIRCLE SOUTH
ORANGE PARK FL 32073

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
4033 COQUINA DR
83
84 City Jacksonville FL 85 Zip Code 32250

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
James A. Schmidt

12. OFFICERS AND DIRECTORS

NAME	SCHMIDT, JAMES A	<input type="checkbox"/> DELETE
STREET ADDRESS	1345 ORANGE CIRCLE SOUTH	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	VPST	<input checked="" type="checkbox"/> DELETE
NAME	SCHMIDT, SHARON E	
STREET ADDRESS	1345 ORANGE CIR. S.	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SCHMIDT, JAMES A	
1.3 STREET ADDRESS	4033 COQUINA DR	
1.4 CITY-ST-ZIP	JACKSONVILLE, FL, 32250	
2.1 TITLE	VPST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HAAT, S.E.	
2.3 STREET ADDRESS	1890 TOWNSEND TRL	
2.4 CITY-ST-ZIP	SMYRNA, GA. 30080	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: *James A. Schmidt* 5-14-99

No Change for year 2000 *James A. Schmidt* 5/22/00

JAMES A. SCHMIDT
1345 Orange Cir. S. 904-278-8440
Orange Park, FL 32073

DATE: 5-14-99

3707
63-2/630
BRANCH 00199

PAY TO THE ORDER OF
Dept of State FOLIO
\$ 150.00

One hundred fifty & 00/100

Benefit Banking®