

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000096767 (5)
1. Corporation Name

ST. THOMAS SQUARE PROPERTIES, INC.

Principal Place of Business
~~7510 THOMAS DRIVE~~
PANAMA CITY BEACH FL 32408

Mailing Address
~~7510 THOMAS DRIVE~~
PANAMA CITY BEACH FL 32408

FILED
Sep 10 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 7101 BEACHWOOD BLVD.
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 9778
Suite, Apt. #, etc.

22 City & State

23 Panama City Bch, FL

27 City & State

28 PANAMA CITY Bch, FL

24 Zip

32417

25 Country

USA

29 Zip

32417

30 Country

USA

9. Name and Address of Current Registered Agent

HODGES, CARLOS
7510 THOMAS DRIVE
PANAMA CITY BEACH FL 32408

3. Date Incorporated or Qualified

12/22/1995

4. FEI Number

59-3462248

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 ☐

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 relistating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V ☐ DELETE

NAME HODGES, MYRA H
STREET ADDRESS 1204 ST. MARY RD.
CITY-ST-ZIP COTTONWOOD AL 36320

TITLE ST ☐ DELETE

NAME HODGES, MABLE D
STREET ADDRESS 1204 ST. MARY RD.
CITY-ST-ZIP COTTONWOOD AL 36320

TITLE P ☐ DELETE

NAME HODGES, CARLOS
STREET ADDRESS 7101 BEACHWOOD BLVD.
CITY-ST-ZIP PANAMA CITY BEACH FL 32417

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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

100002636881
-03/11/98--01025--031
***150.00

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:

Carlos Hodges + CARLOS HODGES 8-19-98 1-850-233-1394

CR2E034 (5/98)

(2)

Segers, Sowell & Stewart, P.A.

CERTIFIED PUBLIC ACCOUNTANTS
958 JENKS AVENUE
P.O. BOX 2346
PANAMA CITY, FLORIDA 32402

JERRY C. SEGERS CPA (1938 - 1991)

JERRY F. SOWELL JR. CPA

KENNETH R. STEWART CPA

TELEPHONE: (850) 769-2371
FAX: (850) 872-9269

MEMBER
FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

August 25, 1998

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: St. Thomas Square Properties

Dear Sir,

Enclosed you will find the corporate annual report and a check for \$150.00 for the above corporation. We respectfully request your office to waive all late filing fees because the annual report was sent to the wrong address even though your office was informed on the attached copy of our reinstatement of our correct mailing address.

We are enclosing last years application for reinstatement showing our current mailing address. Please change your records to the following address:

St. Thomas Square Properties
P.O. Box 9778
Panama City Beach, FL 32417

Mr. Hodges was elected President of the corporation in October of 1997 and was not aware of the filing dates but have made sure this would not happen in the future.

Sincerely,

 *J. F. Sowell* C.P.A.
Jerry F. Sowell, C.P.A.

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



RIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

3

DOCUMENT # P95000096767 (5)

1. Corporation Name *St. Thomas Square Properties Inc.*
P.O. Box 9778
Panama City Beach, FL 32417

Principal Place of Business *7510 Thomas Drive*
Panama City Beach, FL
32408

Mailing Address *P.O. Box 9778*
Panama City Beach, FL
32417

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <i>12-22-95</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <i>59-346224B</i>	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <i>St. 75 Additional Fee required for a Certificate of Status</i>	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
VP	<i>Myra H. Hodges</i>	<i>1204 St. Mary Road</i> <i>Cottonwood, AL 36320</i>	<i>Cottonwood, AL</i> <i>36320</i>
SLT	<i>Mable D. Hodges</i>	<i>1204 St. Mary Road</i> <i>Cottonwood, AL 36320</i>	<i>Cottonwood, AL</i> <i>36320</i>
P	<i>Carlos Hodges</i>	<i>7101 Beckwood Blvd.</i> <i>Panama City Beach, FL 32417</i>	<i>Panama City Beach, FL</i> <i>32417</i>

8. Name and Address of Current Registered Agent

Carlos Hodges
P.O. Box 9778
Panama City Beach, FL 32417

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State *FL* Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Carlos E. Hodges
REGISTERED AGENT MUST SIGN

Date *10-22-97*

5/9-10

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Carlos E. Hodges
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-97
Date

850-233-1394
Daytime Phone #

CR20040 (12/95)