

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

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

04-22-1999 90053 042 ***150.00

DOCUMENT # P95000096847

1. Corporation Name
ANSLEY PROPERTIES, INC.

Principal Place of Business
1008 DRUID ROAD SOUTH
CLEARWATER FL 34616

Mailing Address
1008 DRUID ROAD SOUTH
CLEARWATER FL 34616

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/22/1995

4. FEI Number
65-0643994

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
21 1020 DRUID RD. S.

2a. Mailing Address
26 P.O. BOX 6220

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23 Clearwater, FL

City & State
28 Clearwater, FL

Zip
24 33756

Zip
29 33758

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C. A. HARRIS
1008 DRUID ROAD, SOUTH
CLEARWATER FL 34616

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 State
86 Zip

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PSTD
HARRIS, CHARLES A III
1008 DRUID ROAD, SOUTH
CLEARWATER FL 34616

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VSD
HARRIS, CHARLES A
1008 DRUID ROAD, SOUTH
CLEARWATER FL 34616

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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, with all other like empowered.

SIGNATURE:

C. A. HARRIS 4-17-99 (727) 442-2357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0413033

CR2E034 (11/98)