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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000006566

1. Corporation Name

SOUTHERN PROPERTY CONSULTANTS, INC.

Principal Place of Business

 2000 PORT ST. LUCIE BOULEVARD
 SUITE A
 PORT ST. LUCIE FL 34952

Mailing Address

 2000 PORT ST. LUCIE BOULEVARD
 SUITE A
 PORT ST. LUCIE FL 34952

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 795 SE Port St. Lucie Blvd

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Port St. Lucie, FL

City & State

28

Zip

24 34984

Country

25 USA

Zip

29

Country

30

9. Name and Address of Current Registered Agent

 CRAHAN, EARLE J
 2000 PORT ST. LUCIE BOULEVARD
 SUITE A
 PORT ST. LUCIE FL 34952

3. Date Incorporated or Qualified

01/22/1996

4. FEI Number

65-0654364

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 the current year Intangible Personal Property Tax.

☐

Yes

☒

No

10. Name and Address of New Registered Agent

81 Name

Raymond F. Meeker

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

795 SE Port St. Lucie Blvd.

83

84 City

Port St. Lucie

FL

85 Zip Code

34984

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

Raymond F. Meeker

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

(NOTE: Registered Agent signature required when reinstating)

5/3/99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	MEEKER, RAYMOND F	1.2 NAME	
STREET ADDRESS	2000 PORT ST. LUCIE BOULEVARD	1.3 STREET ADDRESS	795 SE Port St. Lucie Blvd
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	1.4 CITY-ST-ZIP	Port St. Lucie, FL 34984
TITLE	D ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	TEMPLIN, JON	2.2 NAME	
STREET ADDRESS	2000 PORT ST. LUCIE BOULEVARD	2.3 STREET ADDRESS	795 SE Port St. Lucie Blvd.
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	2.4 CITY-ST-ZIP	Port St. Lucie, FL 34984
TITLE	D ☒ DELETE	3.1 TITLE	T ☐ Change ☒ Addition
NAME	CRAHAN, EARLE J	3.2 NAME	Harlee Engel
STREET ADDRESS	2000 PORT ST. LUCIE BOULEVARD	3.3 STREET ADDRESS	795 SE Port St. Lucie Blvd.
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	3.4 CITY-ST-ZIP	Port St. Lucie, FL 34984
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☒ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE REQUIRED Harlee Engel

4/22/99

561-336-5829

Daytime Phone #

CR2E034 (11/98)