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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Jan 28 1998 8:00am Secretary of State

| DOCUMENT # P96000012170 (2) | | | | | | | | | | |
|--|---|---|--------------------------------------|----------------------------------|----------------------|----------------|--|---|-------------------------------------|---------------------------------|
| FRANKLIN INVESTMENT AND REALTY COMPANY | | | | | | | | | | |
| 1 12/11/11 | TILA HAAT | OTMENT AND | HEALTT OO | AH 12141 | | | |) (ANDIENDE ERA ONTER NEFER NOVEL ANDER ANDER MENER TIN | 1 8 is uo 1 albul 107 | T F3 1 10 1 |
| | | | | | | | | | | |
| Principal Plac | e of Busines | s | Mailing | g Address | | | | E CONTIDUE CON FORCE STATE ORDER BUCK DOUGH BOLET CON | \$8 | 934 9911 1981 |
| % JOHN D. SCHWENKER | | | | % JOHN D. SCHWENKER | | | 1 | | | |
| 4712 OCEAN BLVD. | | | | 4712 OCEAN BLVD. | | | | DO NOT WRITE IN THIS | SPACE | |
| SARASOTA FL 34242 | | | SAKA | SARASOTA FL 34242 | | | F | 3. Date Incorporated or Qualified | | |
| | | | | | | | ŀ | 02/05/1996 | | |
| 2. Principal Place of Business | | | | 2a. Mailing Address | | | | 4. FEI Number | Ar | oplied For |
| 21 | | | 26 | :6 | | | | 65-0646798 | No. | ot Applicable |
| Suite, Apt. #, etc. | | | | Suite, Apt_#, etc. | | | | 5. Certificate of Status Desired | | Additional |
| | | | | 27 | | | | o. Certificate of Citato Desired | Fee Re | equired |
| City & State | | | | City & State | | | | 6. Election Campaign Financing | | May Be |
| | | | 28 | _ | | | | Trust Fund Contribution | | to Fees |
| Zip | Country 25 | | | | | ry | 1 | This corporation owes or has paid the cu Personal Property Tax due June 30. | | tangible ☑ No |
| 24 | 25 29 30 30 9. Name and Address of Current Registered Agent | | | | | | | 10. Name and Address of New Registered | | 1 1/0 |
| SCHWENKER, JOHN D | | | | | | | | | | |
| 4712 OCEAN BLVD. | | | | 82 Stree | | | 0 ddraa | s (P.Q. Box Number Is Not Acceptable) | | |
| SARASOTA FL 34242 | | | | | | | Addies | s (F.O. Box Number is Not Acceptable) | | |
| | | | | | 8 | 3 | | | | |
| | | | | | 8 | 4 City | | FL | 85 Zip (| Code |
| Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was aut agent. I am familiar with, and accept the obligations of, Section 607.0505, Florid | | | | | | ve-named | corpora | | | ts registered |
| office or r agent. I a | gent, or both, in the ith, and accept the | State of Florida. S obligations of, Se | Such change was ction 607.0505, F | s authorized I Florida Statut | oy the corp es. | poration | 's board of directors. I hereby accept the app | ointment as | registered | |
| SIGNATURE | Strongture hyper | f or printed name of register | ed agent and title it age | vicable (NC | OTE, Registered A | gent skonative | n required v | when reinstating) DATE | | |
| 12. | 5-g-10-0-0-17,p-0-0 | <u> </u> | S AND DIRECTOR | | 13. | | | ADDITIONS/CHANGES TO OFFICERS AND | DIRECTOR | RS IN 12 |
| TITLE | D | | | ☐ DELETE | 1.1 TITLE | | | | Change | Addition |
| NAME | SCHWENKER, JOHN D | | | 1,2 NAME | | | | | | |
| STREET ADDRESS | 1 | | | 1.3 STREET ADDRESS | | | | | | |
| CITY - ST - ZIP | SARAS | OTA FL 34242 | | 1.4 CITY - ST - ZIP | | | | | | |
| TITLE | | | | ☐ DELETE | 2.1 TITLE | | 1 | | L Change | Addition |
| NAME | | | | | 2,2 NAM | : |] | | | |
| STREET ADDRESS | | | | 2.3 STREET | | ET ADDRESS | | F. | | 1 |
| CITY - ST - ZIP | | | | T SELECT | 2. 4 CITY | | ļ | - | Channe | - Batalikian |
| TITLE | | | | DELETE 3.1 TIT | | 1 | | | Change | Addition |
| NAME | | | | | 3.2 NAME | | | | | |
| STREET ADDRESS | | | | | | ET ADDRESS | ŀ | | | 1 |
| CITY-ST-ZIP TITLE | | | | DELETE | 4.1 TITLE | | | | Change | Addition |
| NAME | | | | ב טבנבוב | 4.1 IIILE 4.2 NAM | | | | E Orkalige | Addition |
| STREET ADDRESS | | | | | | ET ADDRESS | | | | I |
| CITY-ST-ZIP | | | | | 4.4 CITY | | | | | 1 |
| TITLE | | | | 5.1 TITLE | | | | Change | Addition | |
| NAME | | | | 5.2 NAME | | | | | | |
| STREET ADDRESS | | | | | . I | T ADDRESS | | | | |
| CITY-ST-ZIP | | | | | 5.4 CITY | | | | | |
| TITLE | | | | DELETE | 6.1 TITLE | | | | Change | Addition . |
| NAME | | | ^ | | 6.2 NAME | . | | | |] |
| STREET ADDRESS | | ^ | , // | | 6.3 STRE | ET ADDRESS | | | | |
| CITY-ST-ZIP | | | | | 6.4 CITY | ST-ZIP | <u></u> | | | |
| | | | | 1 117 | e calconation | | | ation 110 07(0)(i) Florido Statutos I further es | artification | 7 - 6 |

quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio and accurate and that my signature shall have the same legal effect as if made under oath; that I am an wered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in