

May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED May 05 1997 8:00am Secretary of State	
DOCUMENT # P96000034555 1. Corporation Name OLD CITY PROPERTIES, INC.					
Principal Place of Business 850 ANASTASIA BLVD ST AUGUSTINE, FL 32084		Mailing Address SAME		3. Date Incorporated or Qualified APRIL 17, 1996	
2. Principal Place of Business 21 10033 SAWGRASS DR. WEST Suite, Apt. #, etc. SUITE 104 City & State PONTE VEDRA BEACH FL Zip 32082		2a. Mailing Address 26 SAME Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report INITIAL	
23		27		4. FEI Number 59-3379381	
24		28		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
25		29		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
26		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. Yes ☒ No ☐	
9. Name and Address of Current Registered Agent LAWRENCE G. LILLY 850 ANASTASIA BLVD ST AUGUSTINE FL 32084			10. Name and Address of New Registered Agent 81 Name DANIEL CHITWOOD JR 82 Street Address (P.O. Box Number is Not Acceptable) 524 GENTIAN ROAD 83 84 City ST AUGUSTINE FL 85 Zip Code 32086		
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] DANIEL CHITWOOD, JR. 04/21/97 (NOTE: Registered Agent signature required when installing)					
12. OFFICERS AND DIRECTORS TITLE DIRECTOR ☒ DELETE NAME DARRRELL G. SMITH STREET ADDRESS 953 LEW BLVD CITY-STATE-ZIP ST AUGUSTINE FL 32084 TITLE ☐ DELETE NAME STREET ADDRESS CITY-STATE-ZIP TITLE ☐ DELETE NAME STREET ADDRESS CITY-STATE-ZIP TITLE ☐ DELETE NAME STREET ADDRESS CITY-STATE-ZIP TITLE ☐ DELETE NAME STREET ADDRESS CITY-STATE-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE PRESIDENT ☐ Change ☒ Addition 1.2 NAME CHARLES F. RIGGLE III 1.3 STREET ADDRESS 153 MARSHSIDE DR 1.4 CITY-STATE-ZIP ST AUGUSTINE FL 32084 2.1 TITLE VICE PRESIDENT - ADMIN ☐ Change ☒ Addition 2.2 NAME DARRRELL G. SMITH 2.3 STREET ADDRESS 953 LEW BLVD 2.4 CITY-STATE-ZIP ST AUGUSTINE FL 32084 3.1 TITLE VICE PRESIDENT - CONSTRUCTION ☐ Change ☒ Addition 3.2 NAME A. FRANK PHILLIPS 3.3 STREET ADDRESS 20 CONTRA DR. 3.4 CITY-STATE-ZIP ST AUGUSTINE FL 32084 4.1 TITLE SECRETARY ☐ Change ☒ Addition 4.2 NAME HAROLD C. AABST 4.3 STREET ADDRESS 1146 SAN JOSE FOREST 4.4 CITY-STATE-ZIP ST AUGUSTINE FL 32084 5.1 TITLE TREASURER ☐ Change ☒ Addition 5.2 NAME JOHN B. LINGE JR 5.3 STREET ADDRESS 3101 SAWGRASS VILLAGE CIRCLE 5.4 CITY-STATE-ZIP PONTE VEDRA, FL 32082 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP 000002170330 -05/08/97--01001--029 ***165.00		
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: CHARLES F. RIGGLE III 4/17/97 904-471-7614 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					