

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 20 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # **P96000034555 (8)**

1. Corporation Name

**OLD CITY PROPERTIES, INC.**



Principal Place of Business

Mailing Address

**10033 SAWGRASS DR. WEST, STE. 104  
PONTE VEDRA BEACH FL 32082**

**10033 SAWGRASS DR. WEST, STE. 104  
PONTE VEDRA BEACH FL 32082**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/17/1996**

4. FEI Number

**59-3379381**

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**CHITWOOD, DANIEL JR.  
524 GENTIAN ROAD  
ST AUGUSTINE FL 32086**

10. Name and Address of New Registered Agent

81 Name

**John Linge**

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

83

**10033 Sawgrass Dr. W. Suite 104**

**Ponte Vedra Beach**

**FL**

85 Zip Code

**32082**

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

*John B. Linge*

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/13/98**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**P  
RIGGLE, CHARLES F III  
153 MARSHSIDE DR.  
ST AUGUSTINE FL 32084**

TITLE ☐ DELETE

**VP  
SMITH, DARRELL G  
953 LEW BLVD.  
ST AUGUSTINE FL 32084**

TITLE ☐ DELETE

**VP  
PHILLIPS, A. FRANK  
20 CONTERA DR.  
ST AUGUSTINE FL 32084**

TITLE ☐ DELETE

**S  
PABST, HAROLD  
1146 SAN JOSE FOREST  
ST AUGUSTINE FL 32084**

TITLE ☐ DELETE

**T  
LINGE, JOHN B  
3101 SAWGRASS VILLAGE CIRCLE  
PONTE VEDRA FL 32082**

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

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

*John B. Linge*

*John B. Linge To*

*2/27/98*

*904-240-7121*

CR2E034 (10/97)