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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P9600004001

REGENCY II, INC.

Principal Place of Business

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3200 Wickham Road Melbourne FL 32935 Mailing Address

P.O. Box 33503 Indialantic FL 32903

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90066 020 \*\*\*150.00

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed Brevard Brevard 05/03/1996 2. Principal Place of Business 4. FEI Number 540 2a. Mailing Address Applied For Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 27

City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 28 Trust Fund Contribution Country Zin: Country.

23 -8.-This corporation owes the current year intangible. 24 25 29 30 Personal Property Tax. **X**iX∕es

10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Baker, James L. Street Address (P.O. Box Number is Not Acceptable) 2725 Highway A1A #203 83 Indialantic FL 32903 City Zip Code

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 reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ☐ DELETE ☐ Charige Addition TITLE 1.1 TITLE Baker, James L. NAME 1.2 NAME CR2E034 2725 Highway A1A #203 1.3 STREET ADDRESS STREET ADDRESS Indialantic FL 32903 CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE ☐ Addition 2.1 TITLE ☐ Change TITLE Baker, Dorothy C. NAME 2.2 NAME 2725 Highway A1A #203 STREET ADDRESS 2.3 STREET ADDRESS Indialantic FL 32903 CITY-ST-ZIP 2.4 CITY-ST-ZIP □ DELETE ☐ Addition ☐ Change TITLE 3.1 TITLE Jacobs, Joann NAME 410-Thrush-Drive---3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS Satellite Beach FL 32937 CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition TITLE Baird, Charles A. 4.1 TITLE NAME 4.2 NAME 1111 River Road STREET ADDRESS 4.3 STREET ADDRESS Melbourne Beach FL 32951 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition TITLE 5.1 TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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: