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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000062906 (8)**

1. Corporation Name
FLORIDA INSEL PROPERTIES, INC.

Principal Place of Business	Mailing Address
~~1601 WEST MARION AVENUE #203~~ PUNTA GORDA FL 33950	~~1601 WEST MARION AVENUE #203~~ PUNTA GORDA FL 33950-5271
1427 Mineo Drive Punta Gorda, Fl 33950-	P.O. Box 511037 Punta Gorda, Fl 33951-1037

2. Principal Place of Business 21 1427 Mineo Dr	2a. Mailing Address 26 P.O. Box 511037
Suite, Apt. #, etc. 22 —	Suite, Apt. #, etc. 27 —
City & State 23 Punta Gorda, Fl	City & State 28 Punta Gorda, Fl
Zip / Country 24 33950 / 25	Zip / Country 29 33951-1037 / 30

3. Date Incorporated or Qualified: 07/26/1996
3a. Date of Last Report:
4. FEI Number: 65-0684798 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MCKINLEY, MICHAEL R
18401 MURDOCK CIRCLE
PORT CHARLOTTE FL 33948

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 Ann E. Schulz — 1/28/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P,T,D (N/A) ☒ Change ☐ Addition
NAME	SCHULZ, ANN E	1.2 NAME	
STREET ADDRESS	~~POST OFFICE BOX 1037~~ (N/A)	1.3 STREET ADDRESS	P.O. Box 511037
CITY-ST-ZIP	PUNTA GORDA FL 33951	1.4 CITY-ST-ZIP	Punta Gorda, Fl 33951-1037
TITLE	D ☐ DELETE	2.1 TITLE	VP, S, D (N/A) ☒ Change ☐ Addition
NAME	SCHULZ, MARTIN	2.2 NAME	
STREET ADDRESS	~~POST OFFICE BOX 1037~~ (N/A)	2.3 STREET ADDRESS	P.O. Box 511037
CITY-ST-ZIP	PUNTA GORDA FL 33951	2.4 CITY-ST-ZIP	Punta Gorda, Fl 33951-1037
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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	

CR2E034 (9/96)

14. I do 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: Ann E. Schulz — 1/28/97