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Apr 05, 1999 8:00 am  
Secretary of State

04-05-1999 90020 034 \*\*\*150.00



PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000067004**

1. Corporation Name  
**PRATT FAMILY REALTY, INC.**

Principal Place of Business  
**5216 SW 91ST TERR  
SUITE A  
GAINESVILLE FL 32608  
US**

Mailing Address  
**5216 S.W. 91ST TERRACE  
SUITE A  
GAINESVILLE FL 32608**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 11541 LANE PARK ROAD</b> Suite, Apt. #, etc. <b>22</b>		2a. Mailing Address <b>26 11541 LANE PARK ROAD</b> Suite, Apt. #, etc. <b>27</b>		3. Date Incorporated or Qualified <b>08/12/1996</b>	
23 <b>TAVARES, FL</b> City & State <b>24 32778</b> <b>25 U.S.A.</b> Zip Country		28 <b>TAVARES, FL</b> City & State <b>29 32778</b> <b>30 U.S.A.</b> Zip Country		4. FEI Number <b>59-3396149</b> Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PRATT, RALPH C  
5216 S.W. 91ST TERRACE  
SUITE A  
GAINESVILLE FL 32608**

10. Name and Address of New Registered Agent

81 Name	<b>TESSA PETERKIN</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>11541 LANE PARK ROAD</b>
83	
84 City	<b>TAVARES FL</b>
85 Zip Code	<b>32778</b>

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 *Tessa Peterkin* (**TESSA PETERKIN**) MANAGER **3/29/99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PRATT, RALPH C</b>	1.2 NAME	
STREET ADDRESS	<b>10815 SW 11TH LANE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOLEY, THOMAS D</b>	2.2 NAME	
STREET ADDRESS	<b>11541 LANE PARK RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAVARES FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PRATT, SANDRA N</b>	3.2 NAME	
STREET ADDRESS	<b>10815 SW 11TH LANE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Tessa Peterkin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/29/99** **352-343-1114**  
Date Daytime Phone #