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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 14 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

## DOCUMENT # P96000070598 (3) BIRCHWOOD PROPERTIES CORP.

| Principal Place of Business Mailing Address |   |                                  | 1 SAUTED AND AND AND AND AND AND AND AND AND AN | SABUL MAINT BILLA ININI INIS INNS                 |                              |
|---|---|----------------------------------|---|---|------------------------------|
| 5524 CYPRESS STREET                         |   | 5524 CYPRESS STREET<br>SUITE B   |   |   |                              |
| SUITE B<br>TAMPA FL 33607                   |   | TAMPA FL 33607                   |   | DO NOT WRITE IN THIS SPACE                        |                              |
|   |   |                                  |   | 3. Date Incorporated or Qualified                 |                              |
|   |   |                                  |   | 08/23/1996  |                              |
|   | ace of Business                                     | 2a. Mailing Address              |   | 4. FEI Number                                     | Applied For Not Applicable   |
| Suite, Apt. :                               | if ato  | Surte, Apt. #, etc.              |   | 65-0696579  | \$8.75 Additional            |
| 22 30ite, Apr. 1                            | , <b>G</b> IC.                                      | 27                               |   | 5. Certificate of Status Desired                  | Fee Required                 |
| City & State                                | 3   | City & State                     |   | 6. Election Campaign Financing                    | \$5.00 May Be                |
| 23  |   | 28                               |   | Trust Fund Contribution                           | Added to Fees                |
| Zip   | Country   | Zip                              | Country   | 8. This corporation owes or has paid the          | current year Intangible      |
| 24  | 25  | <del></del>                      | 30  | Personal Property Tax due June 30.                | Yes No                       |
|   | 9. Name and Address of Current                      | Registered Agent                 |   | 10. Name and Address of New Register              | ed Agent                     |
| PR/   | ITHER, CHARLES M                                    |                                  | B1 Name   | ha-les M. Pather                                  |                              |
| 526 CENTRAL AVENUE                          |   |                                  | 82 Street Ad                                    | dress (P.O. Box Number is Not Acceptable)         |                              |
|   | TE 200  |                                  | 63 552  | 24 cypress street                                 |                              |
| ST.   | PETERSBURG FL 33701                                 |                                  | °°  \$\sigma \frac{1}{2}                        | l B   |                              |
|   |   |                                  | 84 City   | . 44  | 85 Zip Code                  |
| 44 Purcuant I                               | o the provisions of Sections 607.0503               | 2 apri 607 1508. Florida Statule | es the above-named co                           | progration submits this statement for the purpose | e of changing its registered |
| office or re                                | adistered agent, or both, in the State.             | of Florida. Such change was a    | authorized by the corpor                        | ation's board of directors. I hereby accept the   | appointment as registered    |
| •   | m familiar with, and accept the obliga              | itions of Section 607.0505, Fig  | inda Sialules.                                  |   |                              |
| SIGNATURE                                   | Signature, typod or printed name of registered ager | nt and little if npp4cable (NOTE | Registered Agent signature req                  | uired when reinsteling) DA1                       | Έ                            |
| 12.   | OFFICERS AND  | DIRECTORS                        | 13.   | ADDITIONS/CHANGES TO OFFICERS                     |                              |
| TITLE                                       | PSTD  | ☐ DELETE                         | 1.1 TITLE                                       |   | Change Addition              |
| NAME  | PRATHER, CHARLES M                                  |                                  | 1.2 NAME  |   |                              |
| STREET ADDRESS                              | <b>526 CENTRAL AVENUE #200</b>                      |                                  | 1.3 STREET ADDRESS                              |   |                              |
| CITY-ST-ZIP                                 | §T. PETERSBURG FL 33701                             | 05,555                           | 1.4 CITY - ST - ZIP                             |   | Observa D Addition           |
| TITLE                                       |   | DELETE                           | 2.1 TITLE                                       |   | Change Addition              |
| NAME  |   |                                  | 2.2 NAME  |   |                              |
| STREET ADDRESS                              |   |                                  | 2.3 STREET ADDRESS                              |   |                              |
| CITY-ST-ZIP<br>TITLE                        |   | DELETE                           | 2. 4 CITY - ST - ZIP<br>3.1 TITLE               | <u> </u>  | 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                           | 61 TITLE  |   | Change Addition              |
| NAME  |   |                                  | 6.2 NAME  |   |                              |
| STREET ADDRESS                              |   |                                  | 6.3 STREET ADDRESS                              |   |                              |

14. Thereby 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

6.4 CITY - ST - ZIP