

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

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

99 FEB 25 AM 8:21



DO NOT WRITE IN THIS SPACE

- 3. Date Incorporated or Qualified  
**09/05/1996**
- 4. FEI Number  
**NOT APPLICABLE** 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 the current year Intangible Personal Property Tax  Yes  No
- 10. Name and Address of New Registered Agent

**DOCUMENT # P96000073631**

1. Corporation Name  
**FOUR POINTS COMMERCIAL PROPERTIES, INC.**

Principal Place of Business  
**1823 LAMMON RD  
 TALLHASSEE FL 32311**

Mailing Address  
**% SUE ROBERTS  
 P.O. BOX 117  
 WOODVILLE FL 32362**

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

**9. Name and Address of Current Registered Agent**

**LAMB, MARIAN D III  
 1972 RAYMOND DIEHL ROAD  
 TALLHASSEE FL 32308**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>300002788919-6</b>
83	<b>-02/26/99--01085--028</b>
84 City	<b>***150.00 ***150.00          FL 85 2/25/99</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**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature is required when a new filing is made.)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PSTD</b>	<input type="checkbox"/> DELETE
NAME	<b>ROBERTS, SUE P</b>	
STREET ADDRESS	<b>PO BOX 117 N/A</b>	
CITY-ST-ZIP	<b>WOODVILLE FL 32362</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

*2/25/99*

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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:** *Sue Roberts Pres. Feb. 25, 1999*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0520704

CR2E034 (11/98)