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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000073643 (4)

DIVISION OF CORPORATIONS

98 FEB - 5 AM 9: 56

fOUR	PONDS PROPERTIES, INC	0. 0.			
Principal Place of Business Mailing Address					18000 11110 01111 01800 1111 1991
8087 WOODVILLE HIGHWAY TALLAHASSEE FL 32311		% NANETTE CAUSSEAUX P.O. BOX 1229 WOODVILLE FL 32362			
				DO NOT WRITE IN THIS SPACE	
		MOODAILLE LE 25205		3. Date Incorporated or Qualified	001102
				09/05/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		APPLIED FOR	4 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
23		<u>├</u> ─┐ ′		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre		11	10. Name and Address of New Registere	d Agent
LA	MB, MARION D NI		81 Name		·
	72 RAYMOND DIEHL ROAD		82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
TA	LLAHASSEE FL 32308				
			83		
			84 City		85 Zip Code
				F	L .
SIGNATURE	Signature, lyped or prelind name of registered a	gent and litin if applicable (NO)	t. Registered Agent signature requ		
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE NAME	PD Causseaux, nanette	DELETE	1.1 TITLE 1.2 NAME		Change Addition
STREET ADDRESS	PO BOX 1229 N/A		1.3 STREET ADDRESS	600002425	8067
CITY-ST-ZIP	WOODVILLE FL 32362		1.4 C(1Y - S1 - Z(P	-02/09/98(01007007 *******************************
TITLE	STD	DELETE	2.1 TOLE	****150.00	* Portage Standard
NAME	ROBERTS, SUE P		2.2 NAME		- <i>,</i> -
STREET ADDRESS	PO BOX 117		2.3 STREET ADDRESS		
CITY-ST-ZIP	WOODVILLE FL 32362		2. 4 C(1)Y-\$1-ZIP		
TITLE		☐ DFLETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		Dones	3.4. CITY-ST-7IP		Chause Address
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME OVOCET ADODESC			4.2 NAME		
STREET ADORESS			4.3 STREET ADDRESS		
CITY-SE-ZIP		DELETE	44 CHY-S1-ZIP 51 THEF		Change Addition
NAME		<i>one</i> , r	5.2 NAME		
STREET ADDRESS			5 3 STHEFT 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		

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 of 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 comparation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if charged, or on an attachment with an address.

marine Months/ trusseaux Dec. 2.15/

CR2E034 (10/97