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0520706

PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 FEB 25 AM 8:21

DOCUMENT # **P96000073643**

1. Corporation Name

FOUR PONDS PROPERTIES, INC.

Principal Place of Business	Mailing Address
8067 WOODVILLE HIGHWAY TALLAHASSEE FL 32311	% NANETTE CAUSSEAUX P.O. BOX 1229 WOODVILLE FL 32362

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

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

9. Name and Address of Current Registered Agent

LAMB, MARION D III
1972 RAYMOND DIEHL ROAD
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box) 000002P96000073643--5
-02/26/99--01085--021

83

84 City ****150.PL 85 Zip Code ****150.00

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required if changed; otherwise optional)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	[ ] DELETE	11 TITLE	[ ] Change	[ ] Addition
NAME	CAUSSEAUX, NANETTE		12 NAME		
STREET ADDRESS	PO BOX 1229 N/A		13 STREET ADDRESS		
CITY-ST-ZIP	WOODVILLE FL 32362		14 CITY-ST-ZIP		
TITLE	STD	[ ] DELETE	21 TITLE	[ ] Change	[ ] Addition
NAME	ROBERTS, SUE P		22 NAME		
STREET ADDRESS	PO BOX 117		23 STREET ADDRESS		
CITY-ST-ZIP	WOODVILLE FL 32362		24 CITY-ST-ZIP		
TITLE		[ ] DELETE	31 TITLE	[ ] Change	[ ] Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		[ ] DELETE	41 TITLE	[ ] Change	[ ] Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		[ ] DELETE	51 TITLE	[ ] Change	[ ] Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		[ ] DELETE	61 TITLE	[ ] Change	[ ] Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

2/25 ep

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: Nanette Causseaux, Pres. 2/24/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (11/98)