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

**PROFIT CORPORATION** ANNUAL REPORT

1998

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Attended - By and Marked City of



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000074955 (1)

SUGARFORK PROPERTIES, INC.

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## **FILED** Apr 29 1998 8:00am Secretary of State



ling Address IO PROSPERITY LANE RT PIERCE FL 34981 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/10/1996 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For NOT APPLICABLE Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Country 8. This corporation owes or has paid the current year Intangible Yes ☐ No Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MULVEY, PATRICK 61 4510 PROSPERITY LN Street Address (P.O. Box Number is Not Acceptable) FORT PIERCE FL 34981 84 City 85 Zip Code 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 it approable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE TITLE SHEILA SURPHENS **MULVEY, PATRICK** NAME 1.2 NAME 4570 PROSPERITY DR. 4510 PROSPERITY DR STREET ADDRESS 1.3 STREET ADDRESS FORT PIURCE, FL FORT PIERCE FL CITY-ST-ZIP 1.4 CITY - ST - 7IP TRUAS. **K** Addition DELFTE 21 TITLE ☐ Change MULVEY, JACK KEVIN MULVEY NAME 2 2 NAME 4570 POLPERTY OR **4510 PROSPERITY DR** STREET ADDRESS 2.3 STREET ADDRESS FT PIERCE FL her Pierce the CITY-ST-ZIP 2 4 CITY-\$1-ZIP \_ K DELETE Addition TITLE 3.1 TITLE BETTY MULVEY NAME 3.2 NAME 4510 PROSPERITY DR STREET ADDRESS 3.3 STREET ADDRESS FT PIERCE FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE Addition Channe TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-7(P 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.

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