

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Korthan
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 09 1997 8:00am
Secretary of State

DOCUMENT # P96000084175 (4)

1. Corporation Name
MULTIPLE OWNER PROPERTIES, INC.

Principal Place of Business

2717 BENT CREEK DRIVE
KENNESAW GA 30152

Mailing Address

2717 BENT CREEK DRIVE
KENNESAW GA 30152-2619



2. Principal Place of Business

21 1532 E. GULF BEACH DR

Suite, Apt. #, etc.

22

City & State

23 ST GEORGE ISLAND FL

Zip

24 32328

Country

25 USA

2a. Mailing Address

26 1532 E GULF BEACH DR

Suite, Apt. #, etc.

27

City & State

28 ST GEORGE ISLAND, FL

Zip

29 32328

Country

30 USA

3. Date Incorporated or Qualified

10/11/1996

3a. Date of Last Report

4. FEI Number

582245869

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 has liability for intangible tax under s. 199.032, Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

YONCLAS, NICHOLAS
325 N CALHOUN ST
TALLAHASSEE FL 32301

WHALLEY HUBHES
1532 E GULF BEACH DR
ST GEORGE ISLAND

10. Name and Address of New Registered Agent

81 Name WHALLEY HUBHES
82 Street Address (P.O. Box Number is Not Acceptable)
83 1532 E GULF BEACH DR
84 City ST GEORGE ISLAND FL
85 Zip Code 32328

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

Whalley Hughes

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
WHALLEY HUBHES PRES
SAME AS ABOVE

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
BETH HUBHES SEC. TR.
SAME AS ABOVE

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☒ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
WHALLEY HUBHES PRES
SAME AS ABOVE

☐ Change

☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
BETH HUBHES SEC. TR.
SAME AS ABOVE

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change

☐ Addition

14. I do 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 or changed, or on an attachment with an address.

SIGNATURE: Whalley Hughes

04-23-97

904 937-2391

CR2E034 (9/96)