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

**FILED** Apr 30 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P96000085974 (9) INDIAN BLUFF REALTY CO., INC. Principal Place of Business Mailing Address 308 OCEANVIEW AVE 308 OCEANVIEW AVE PALM HARBOR FL 34683 PALM HARBOR FL 34683 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/17/1996 2. Principal Place of Business 2a, Mailing Address Applied For 21 26 59-0834275 Not Applicable Suite, Apt. #, etc. Suite. Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Added to Fees 28 Trust Fund Contribution Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. ☐ Yes 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name **CULLEN, NORMAN** 308 OCEANMEW AVE Street Address (P.O. Box Number is Not Acceptable) PALM HARBOR FL 34683 City Zip Code 85 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. Lam familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable (NOTE: Ringistered Agent signature required when reinstating) OFFICERS AND DIRECTORS (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE 11 TITLE Change Addition TITLE TYNAN, THOMAS J 1.2 NAME CR2E034 NAME 15 S. HAMPTON CT 1.3 STREET ADDRESS STREET ADDRESS CRETE IL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 21 TITLE Change NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE 3.2 NAME NAME STREET ADORESS 33 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Addition 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5 1 TITLE 5 2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE

SIGNATURE: 4-23-98 813-781-1730

STREET ADDRESS

CITY-ST-ZIP

6.2 NAME

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 suppliemental 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 continuous receiver or trusted 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.

63 STREET ADDRESS 64 CITY-ST-ZIP