Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90133 008 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

PROFIT CORPORATION ANNIIAI REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

1999		Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # PO 1. Corporation Name BIRD - PRESSLEY MANA		
Principal Place of Business	Mailir	ng Address
847 20TH PLACE VERO BEACH FL 32960		OTH PLACE BEACH FL 32960
Principal Place of Business	2a. M	ailing Address

			VERO BEACH FL 32960						
							DO NOT WRITE IN THI	S SPAC	E
	•					3.	Date Incorporated or Qualifed		
							01/02/1997		
2. Principal Pla	ace of Business	2a. Mailing Ad	dress			4.	FEI Number		Applied For
21		26				1	65-0722557		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.	75 Additional		
22	÷ 1	27 -	5 A 5	-		5.	Certificate of Status Desired	. Fo	ee Required
City & State	9	City & Stat	te			6.	Election Campaign Financing	\$5	.00 May Be
23		28					Trust Fund Contribution		ided to Fees
Zip	Country	Zip	Cou	intry		8.	This corporation owes the current year Ir	ıtangible	
24	25 .	29	30			-	Personal Property Tax.	Yes	s □No
Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent							
DDEO	MIEW NAME FARM OF			81	Name				
PRESSLEY, WILLIAM W 847 20TH PLACE VERO BEACH FL 32960		82	Street Address (P.O. Box Number is Not Acceptable)						
		-	Ou cot radic						
		83							
				84	City	• • • • • • • • • • • • • • • • • • • •		85	Zip Code
•							FL	_ `]	
office or re	o the provisions of Sections 607.09 egistered agent, or both, in the Stat In familiar with, and accept the obliq	te of Florida. Such cha	ange was authorized	l by	the corporation	ratior n's bo	n submits this statement for the purpose o pard of directors. I hereby accept the appo	f changir intment	ng its registered as registered
SIGNATURE _									
	Signature, typed or printed name of registered a	• .,,	(NOTE: Registered	Agen	t signature required	when re	einstating) DATE		
12	OFFICERS /	AND DIDECTORS	40				ADDITIONO/CHANGES TO OFFICEDS A	ND DIDE	COTODO IN 40

agent. I a	m familiar with, and accept the obligations of, Section 607.0505, Flori	da Statutés.	7 FI	
SIGNATURE				
		Registered Agent signature r	, ii.,	
12.	OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	-
TITLE	PT □ DELETE	1.1 TITLE	☐ Change ☐ Addii	ion
NAME	PRESSLEY, WILLIAM W.	1.2 NAME		
STREET ADDRESS	847 20TH PLACE	1.3 STREET ADDRESS	,	ĺ
CITY-ST-ZIP	VERO BEACH FL 32960	1.4 CITY-ST-ZIP		
TITLE	VP\$ □ DELETE	2.1 TITLE	☐ Change ☐ Addit	ion
NAME	BIRD, RICHARD N.	2.2 NAME		
STREET ADDRESS	847 20TH PLACE	2.3 STREET ADDRESS		
CITY-ST-ZIP	VERO-BEACH FL 32960	2. 4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE	Change Addit	ion
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP	•	
MILE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addit	ion
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
IIILE	☐ DELĒTE	5.1 TITLE	☐ Change ☐ Addit	ion
VAME		5.2 NAME		
STREET ADDRESS	•	5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		-
rme	☐ OEFELE	6.1 TITLE	☐ Change ☐ Addit	ion
VAME		6.2 NAME		j
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		ſ

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 ecciver 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. an address, with all other like empowered

SIGNATURE: