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Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90029 047 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000006270

1. Corporation Name
COUNCIL PROPERTIES, INC.

Principal Place of Business
**271 CUMQUAT ROAD, N.E.
LAKE PLACID FL 33852**

Mailing Address
**271 CUMQUAT ROAD, N.E.
LAKE PLACID FL 33852**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
01/22/1997

4. FEI Number **59-3440972**
Applied For ☐
Not Applicable ☒

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution 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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COUNCIL, JOSEPH E
271 CUMQUAT ROAD NORTHEAST
LAKE PLACID FL 33852**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **COUNCIL, JOHN M JR**
STREET ADDRESS **143 NORTH WOODS DRIVE NW**
CITY-ST-ZIP **MILLEDGEVILLE GA 31061**

1.1 TITLE **DT** ☐ Change ☒ Addition
1.2 NAME **Joseph E. Council**
1.3 STREET ADDRESS **271 Cumquat Road, N. E.**
1.4 CITY-ST-ZIP **Lake Placid, Florida 33852**

TITLE **DV** ☐ DELETE
NAME **GEIST, NORAH KATHLEEN**
STREET ADDRESS **1811 E MONTEBELLO**
CITY-ST-ZIP **PHOENIX AZ 85016**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **EDHOLM WINIFRED C. C/O BOB PACE**
STREET ADDRESS **1040 E. PARK AVE.**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

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

TITLE **DP** ☐ DELETE
NAME **PALMER, ELMINA C**
STREET ADDRESS **1606 S. MERIDIAN STREET**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

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

TITLE **V** ☐ DELETE
NAME **COUNCIL, WILLIAM C**
STREET ADDRESS **36 COUNCIL ROAD**
CITY-ST-ZIP **VENUS FL 33960**

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

TITLE **S** ☐ DELETE
NAME **COUNCIL, MARY RUTH**
STREET ADDRESS **271 CUMQUAT ROAD, N.E.**
CITY-ST-ZIP **LAKE PLACID FL 33852**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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, with an other like empowered.

SIGNATURE: *Joseph E. Council* **Joseph E. Council D/T** 1/12/99 (941)465-9715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)