2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 02, 2004 8:00 am Secretary of State DOCUMENT # P97000007497 04-02-2004 90034 006 ***150.00 1. Entity Name PRINGLE PROPERTIES, INC. Principal Place of Business Mailing Address 94042656 26600 ACE AVE 26600 ACE AVE LEESBURG, FL 34748 LEESBURG, FL 34748 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03222004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 59-3439649 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SUMMERS, GARY L Street Address (P.O. Box Number is Not Acceptable) 380 W ALFRED ST TAVARES, FL 32778-3298 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. D/S/T -TITLE ☐ Delete TITLE Change ☐ Addition PRINGLE, GEORGE O *JAME NAME STREET ADDRESS 26600 ACE AVE STREET ADDRESS CITY-ST-ZIP LEESBURG, FL 34748 CITY-ST-ZIP ☐ Delete D/P TITLE TITLE Change ■ Addition PRINGLE, JOHN A NAME NAME STREET ADDRESS 26600 ACE AVE STREET ADDRESS LEESBURG, FL 34748 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change 💢 ☐ Addition TITLE NAME PRINGLE, MARY R NAME 26600 ACE AVE STREET ADDRESS STREET ADDRESS LEESBURG, FL 34748 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED