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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000028186

1. Corporation Name
CORDELE PECAN HOUSE, INC.

Principal Place of Business
111 CREEKSIDE DR.
ST. AUGUSTINE FL 32086

Mailing Address
111 CREEKSIDE DR.
ST. AUGUSTINE FL 32086

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

03/27/1997

4. FEI Number

59-3443574

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HEAD, HARLEY D. J
111 CREEKSIDE DRIVE
ST. AUGUSTINE FL 32086

10. Name and Address of New Registered Agent

81 Name

TERESA D. GRIFFIN

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

3808 Magnolia Pt. Lane

83

84 City

St. Augustine

FL

85 Zip Code

32086

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

TITLE DP ☒ DELETE

NAME HEAD, HARLEY D JR.

STREET ADDRESS 111 CREEKSIDE DR.

CITY-ST-ZIP ST. AUGUSTINE FL 32086

TITLE DT ☐ DELETE

NAME HEAD, HARLEY D III

STREET ADDRESS 111 CREEKSIDE DR.

CITY-ST-ZIP ST. AUGUSTINE FL 32086

TITLE DV ☐ DELETE

NAME HEAD, DOROTHY

STREET ADDRESS 111 CREEKSIDE DR.

CITY-ST-ZIP ST. AUGUSTINE FL 32086

TITLE DS ☐ DELETE

NAME GRIFFIN, TERESA D

STREET ADDRESS 111 CREEKSIDE DR.

CITY-ST-ZIP ST. AUGUSTINE FL 32086

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition

1.2 NAME Dorothy L. Head

1.3 STREET ADDRESS 3808 Magnolia Pt. Lane

1.4 CITY-ST-ZIP St. Augustine, FL 32086

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

Dorothy L. Head

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99

Date

904-797-5572

Daytime Phone #

CR2E034 (1/98)