

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1998 MAY 13 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000030539 (1)

1. Corporation Name

Premier Income Properties, Inc.

Principal Place of Business

Mailing Address

9200 BONITA BEACH ROAD, SUITE 201
BONITA SPRINGS FL 34133-2366

P.O. BOX 2366
BONITA SPRINGS FL 34133-2366

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

April 4, 1997

4. FEI Number

59-3440242

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☒

No

2. Principal Place of Business

21 9200 Bonita Beach Rd.

Suite, Apt. #, etc.

22 201

City & State

23 Bonita Springs, Florida

Zip

24 34135

Country

25 USA

2a. Mailing Address

26 P.O. Box 2366

Suite, Apt. #, etc.

27

City & State

28 Bonita Springs, Florida

Zip

29 34133-2366

Country

30 USA

9. Name and Address of Current Registered Agent

WILLIAMS, THOMAS A
9200 BONITA BEACH ROAD, SUITE 201
BONITA SPRINGS FL 34133-2366

10. Name and Address of New Registered Agent

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

TITLE Secretary, Treas, Dir. ☐ DELETE

NAME WILLIAMS, THOMAS A
STREET ADDRESS 9200 BONITA BEACH ROAD, SUITE 201
CITY-ST-ZIP BONITA SPRINGS FL 34133-2366

TITLE Pres., Dir. ☐ DELETE

NAME Jay D. Morrow
STREET ADDRESS 9200 BONITA BEACH ROAD, SUITE 201
CITY-ST-ZIP BONITA SPRINGS FL 34133-2366

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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.

SIGNATURE: Thomas A. Williams VP/Sec.

4-28-98

941/947-2209

CR2E034 (10/97)