

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90006 004 ***150.00

DOCUMENT # P97000037299

1. Corporation Name

REGENERATION PROPERTIES INCORPORATED

Principal Place of Business

410 S LOXAHATCHEE DR
JUPITER FL 33458
US

Mailing Address

18366 JUPITER LANDINGS DR
JUPITER FL 33458
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/23/1997

4. FEI Number

65-0758700

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

2. Principal Place of Business

21 11295 175th Rd. North

2a. Mailing Address

26 11295 175th Rd. North

Suite, Apt. #, etc.

22 Jupiter Fl. 33478

Suite, Apt. #, etc.

27 Jupiter Fl.

City & State

23 USA

City & State

28 33478 USA

Zip Country

24 Zip Country

Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

TAYLOR, KEITH R
530 N SUNCOAST BLVD
P.O. BOX 975
CRYSTAL RIVER FL 34423

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 *John D. Hendricks*

(NOTE: Registered Agent signature required when reinstating)

4/19/99

12. OFFICERS AND DIRECTORS

TITLE P
NAME HENDRICKS, JOHN
STREET ADDRESS 410 S LOXAHATCHEE DR
CITY-ST-ZIP JUPITER FL 33458

TITLE DVS
NAME HENDRICKS, JOHN D
STREET ADDRESS 410 S LOXAHATCHEE DR
CITY-ST-ZIP JUPITER FL 33458

TITLE VPS
NAME HENDRICKS, KRISTIE N
STREET ADDRESS 410 S LOXAHATCHEE DR
CITY-ST-ZIP JUPITER FL 33458

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME John D. Hendricks
1.3 STREET ADDRESS 11295 175th Rd. North
1.4 CITY-ST-ZIP Jupiter Fl. 33478

2.1 TITLE DVS
2.2 NAME J. Hendricks (Same)
2.3 STREET ADDRESS 11295 175th Rd.
2.4 CITY-ST-ZIP Jup. Fl. 33478

3.1 TITLE VPS
3.2 NAME Kristine N. Hendricks
3.3 STREET ADDRESS 11295 175th Rd. N.
3.4 CITY-ST-ZIP Jupiter Fl. 33478

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

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

6.1 TITLE
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:

John D. Hendricks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/99 (50) 575-1010
Date Daytime Phone #

CR2E034 (11/98)