4-20-98 B 5131 C 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

FILED Apr 20 1998 8:00am Secretary of State

P97000053831 (8) **DOCUMENT #** DEER ISLAND REALTY, INC. Principal Place of Business Mailing Address 17450 DEER ISLAND ROAD 17450 DEER ISLAND ROAD DEER ISLAND FL 32778 DEER ISLAND FL 32778 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/18/1997 2. Principal Place of Business Applied For ENGLES 2501 59-3462890 1**800**0 Not Applicable Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WEBB, JOHN L 17450 DEER ISLAND ROAD 82 **DEER ISLAND FL 32778** 83 84 11. Pursuant to the provisions of Sociions 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 little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition THILE 1.1 TITLE Change WEBB, JOHN L 1.2 NAME 17450 DEER ISLAND ROAD STREET ADDRESS 1.3 STREET ADDRESS **DEER ISLAND FL 32778** 1.4 CiTY-ST-ZiP CITY-ST-ZIP DELETE 2.1 TOTLE Change Addition TITLE TRAMELL, JOE B NAME 2.2 NAME 17450 DEER ISLAND ROAD 2 3 STREET ADDRESS STREET ADDRESS **DEER ISLAND FL 32778** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST- ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 51 TOLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 61 TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-S1-ZIP

14. I hereby certify that the information supplied with this filling 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 recover of 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:

407-344-8835