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PROFIT CORPORATION ANNUAL REPORT

1998

CICNATURE.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 20 1998 8:00am

Secretary of State

4/30/98

904-824-5678

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000082513 (7)

ANCIENT CITY HOLDINGS COMPANY

Principal Place of Business Mailing Address 222 SAN MARCO AVE 222 SAN MARCO AVE ST AUGUSTINE FL 32084 ST AUGUSTINE FL 32084 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/22/1997 Principal Place of Business 2a. Mailing Address Applied For 59-3469778 21 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Country 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. 25 30 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent OWENS, JAMES R 222 SAN MARCO AVE Street Address (P.O. Box Number is Not Acceptable) 82 ST AUGUSTINE FL 32084 83 Zip Code 11. Pursuant to the provisions of Sections C07.05.02 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 Herida. 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 pointed name of registered agent and tille if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition owens, Janes, R 1.2 NAME JAA SAW MARCO AUG 1.3 STREET ADDRESS STREET ADDRESS ST. AUGUSTALT, FL, 32084 CITY-ST-ZIP 14 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE puttle, Devises 2.2 NAME NAME 222 SAN MARCO AUC STREET ADDRESS 2.3 STREET ADDRESS ST. AUGUSTINE, FL, 32084 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ☐ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREFT ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS CITY-ST-ZIF 14. Thereby 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 receiver or unsteed 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 or an attention with a address.