

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
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90085 046 ***150.00

DOCUMENT # P97000084655

1. Corporation Name

JOHN'S PASS PROPERTIES INC.

Principal Place of Business
13015 VILLAGE BLVD.
MADEIRA BEACH FL 33708

Mailing Address
13015 VILLAGE BLVD.
MADEIRA BEACH FL 33708

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/29/1997

4. FEI Number
59-3473921

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 13015 Pelican Ln
Suite, Apt. #, etc.

2a. Mailing Address

26 PO Box 8400
Suite, Apt. #, etc.

City & State

23 Madeira Bch FL

City & State

28 Madeira Bch FL

Zip

24 33708

Country

25 Pinellas

Zip

29 33738

Country

30 Pinellas

9. Name and Address of Current Registered Agent

MALGADEY, PETER G
13015 VILLAGE BLVD.
MADEIRA BEACH FL 33708

10. Name and Address of New Registered Agent

81 Name Malgadey Peter G.
82 Street Address (P.O. Box Number is Not Acceptable)
13015 Pelican Ln
83
84 City Madeira Bch FL 85 Zip Code 33708

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 P ☐ DELETE
NAME MALGADEY, PETER G
STREET ADDRESS 13015 VILLAGE BLVD.
CITY-ST-ZIP MADEIRA BEACH FL 33708

TITLE S ☐ DELETE
NAME MALGADEY, BETH E
STREET ADDRESS 13015 VILLAGE BLVD.
CITY-ST-ZIP MADEIRA BEACH FL 33708

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 Malgadey Peter G ☒ Change ☐ Addition
1.2 NAME 13015 Pelican Ln
1.3 STREET ADDRESS Madeira Bch FL 33708
1.4 CITY-ST-ZIP

2.1 TITLE Malgadey Bethel E ☒ Change ☐ Addition
2.2 NAME 13015 Pelican Ln
2.3 STREET ADDRESS Madeira Bch FL 33708
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

Date

727-393-9427

Daytime Phone #

CR2E034 (1/98)

0420062