## <u>, EILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00</u>

29

9. Name and Address of Current Registered Agent

**PROFIT CORPORATION ANNUAL REPORT** 

1998

24



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

**FILED** 

May 11 1998 8:00am

Secretary of State

Applied For Not Applicable

Yes Yes

56.1

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P97000084884 (0)

FOUR CORNERS HOLDING, INC.

25

Principal Place of Business Mailing Address **VERO BEACH FL 32966** VERO BEACH FL 32966 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/29/1997 2. Principal Place of Business 2a. Mailing Address 21 26 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 Trust Fund Contribution Added to Fees 23 28 Zip Country Zin Country 8. This corporation owes or has paid the current year Intangible

30

BERG, PAUL R 2770 INDIAN RIVER BLVD., SUITE 501 82 Street Address (P.O. Box Number is Not Acceptable) **VERO BEACH FL 32960** 83 84 City Zip Code 85

81 Name

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 (NOTE: Registered Agent signature required when reinstating) Signature typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE ... Change ☐ Addition LOCKWOOD, DAVID NAME 1.2 NAME CR2E034 1655 91ST CT. STREET ADDRESS 1.3 STREET ADDRESS VERO BEACH FL 32966 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE FLYNN, MICHAEL NAME 2.2 NAME 1655 91ST CT. STREET ADDRESS 2.3 STREET ADDRESS VERO BEACH FL 32966 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TOLE 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 6.3 STREET ADDRESS

CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby 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 ennual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 13 if changed, or on an attachment with an address.