

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
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90061 046 ***150.00

DOCUMENT # P97000093493

1. Corporation Name
OPUS SOUTH PROPERTIES CORPORATION

Principal Place of Business
5401 CORPORATEWOODS DR.
SUITE 100
PENSACOLA FL 32504

Mailing Address
5401 CORPORATEWOODS DR.
SUITE 100
PENSACOLA FL 32504

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/29/1997

4. FEI Number

59-3475953

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

☐ No

2. Principal Place of Business

21 4200 W. CYPRESS ST.,

Suite, Apt. #, etc.

22 SUITE 444

City & State

23 TAMPA, FL

Zip

Country

24 33607

25 USA

2a. Mailing Address

26 4200 W. CYPRESS ST.,

Suite, Apt. #, etc.

27 SUITE 444

City & State

28 TAMPA, FL

Zip

Country

29 33607

30 USA

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

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 D ☐ DELETE
NAME RAUENHORST, NEIL J
STREET ADDRESS 4200 W CYPRESS T SUITE 444
CITY-ST-ZIP TAMPA FL 33607

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P ☒ Change ☐ Addition
1.2 NAME RAUENHORST, NEIL J.
1.3 STREET ADDRESS 4200 W. CYPRESS ST., STE. 444
1.4 CITY-ST-ZIP TAMPA, FL 33607

2.1 TITLE V/T/S/D ☐ Change ☒ Addition
2.2 NAME GREENFIELD, BARRY W.
2.3 STREET ADDRESS 4200 W. CYPRESS ST., STE 444
2.4 CITY-ST-ZIP TAMPA, FL 33607

3.1 TITLE AS ☐ Change ☒ Addition
3.2 NAME KASER, MARY
3.3 STREET ADDRESS 5401 CORPORATE WOODS DR., STE 100
3.4 CITY-ST-ZIP PENSACOLA, FL 32504

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

3/15/99

Date

(813) 877-4444

Daytime Phone #

CR2E034 (11/98)