


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**FILED**
Jan 28, 1999 8:00 am
Secretary of State

01-28-1999 90041 025 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS									
DOCUMENT # P98000003081													
1. Corporation Name LEGACY PROPERTIES, INC.													
Principal Place of Business 2408 GRAND HARBOR DR. PANAMA CITY BEACH FL 32408			Mailing Address 2408 GRAND HARBOR DR. PANAMA CITY BEACH FL 32408										
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24						2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28		3. Date Incorporated or Qualified 01/09/1998		4. FEI Number 59-3495010		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>						\$8.75 Additional Fee Required							
6. Election Campaign Financing <input type="checkbox"/>						\$5.00 May Be Added to Fees							
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No						8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No							
9. Name and Address of Current Registered Agent BROWN, KAREN T. 2408 GRAND HARBOR DR. PANAMA CITY BEACH FL 32408						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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>													
12. OFFICERS AND DIRECTORS						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP						1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP							
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP						2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP							
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TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP						4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP							
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP						5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP							
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP						6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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

1-13-99

914-8552

CR2E034 (1/198)