FILED Sep 07, 2000 8:00 am Secretary of State

			\bigcirc	_	09-07-2000 900	37 030 13	,0.00
Principal Place of Business		Mailing Address	-				
SHORE DRIVE FL 32541		672 SHORE DRIVE DESTIN FL 32541-5209		:	80105221		
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN TH	HIS SPACE	
City & State		City & State		4.	FEI Number 59-3804073		plied For t Applicable
Zip 	Country	Zip	Country		Certificate of Status Desired	\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134			Street Address (P.O. Box Number is Not Acceptable)				
			102 Oatchill Ave City Ft. Walton Reach FL 32547				
0. The above	named entity submits this statement for	- the	Salatarad office or ra	LIAW_	IDE DEVICE	_ 1292.	9.1
8. The above	named entity submits this statement to	-the purpose of changing its re	egistered onice or re	gistered aç	gent, or bottl, in the state of mortda.		
SIGNATURE	X				9	1:100	
,	Signature, typed or printed name of registered agent a	and title if applicable (NOTE: F	Registered Agent signature	required when r	reinstating) DA	TE /	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 2000	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Stat		10. Election Campaign Financing Trust Fund Contribution.		0 May Be to Fees
11.	OFFICERS AND	DIRECTORS	12.	A	DDITIONS/CHANGES TO OFFICERS	AND DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PLUMMER, CLARA 672 SHORE DRIVE DESTIN FL 32541	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	- "		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD PLUMMER, CRAIG 672 SHORE DRIVE DESTIN FL 32541	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete_	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition

13. 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 report or supplemental 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000006084**

PLUMMER PROPERTIES, INC.

attachment # P98000000084 B0105221

September 1, 2000

To: The Florida Department of State Division of Corporations

From: Plummer Properties, Inc

Dear Sir/Madam,

As you can see we are late filing our Uniform Business Report. We realize that there is a penalty for sending it in late but there are some circumstances beyond our control which caused the delay. Our previous accountant had the forms in his possession when the original filing came and we were not aware that the forms were due. During the summer we changed accountants and he found the forms with the papers he received from our old accountant. Based on this fact we would like to request an abatement of the late filing penalty and are sending in the original \$150.00 fee. Please let us know if this is not okay and we will send in the additional fees.

Sincerely

Clara Plummer President.

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