

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 22, 1999 8:00 am
Secretary of State

03-22-1999 90048 014 ***150.00

DOCUMENT # P98000024776

1. Corporation Name

FOURTH OF JULY PROPERTY INVESTMENTS, INC.



Principal Place of Business

347 N. RIDGEWOOD AVE. STE. C
DAYTONA BEACH FL 32122-6003

Mailing Address

P.O. BOX 6003
DAYTONA BEACH FL 32122-6003

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1998

4. FEI Number

54-3502820

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

2a. Mailing Address

~~21-402 Seabreeze Blvd.~~

~~26-P.O. Box 6003~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite H

27

City & State

City & State

23 Daytona Beach FL

28 Daytona Beach, FL

Zip

Country

Zip

Country

24 32118

25 U.S.A.

29 32122-6003

30 U.S.A.

9. Name and Address of Current Registered Agent

WOHLSIFER, WILLIAM
347 N. RIDGEWOOD AVE. STE. C
DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent

81 Name

Wohlsifer, William

82 Street Address (P.O. Box Number is Not Acceptable)

402 Seabreeze Blvd, Suite H

83

84

City

Daytona Beach

FL

85 Zip Code
32118

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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]

(NOTE: Registered Agent signature required when reinstating)

3-16-99

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PT
DAVIS, MARIANNE J
STREET ADDRESS 770 LAMBERT AVENUE
CITY-ST-ZIP FLGLER BEACH FL 32127

TITLE ☐ DELETE

NAME VS
WOHLSIFER, WILLIAM
STREET ADDRESS 910 LAKEBRIDGE BLVD.
CITY-ST-ZIP ORMOND BEACH FL 32174

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

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☒ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-99

Date

904-226-8888

Daytime Phone #

CR2E034 (1/1/98)