

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000050677
1. Entity Name
 MISSION PROPERTIES, INC.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business **Mailing Address**
 Post Office 175
 Destin, FL 32540

2. Principal Place of Business **3. Mailing Address**
 623 E. Hwy 98 623 E. Hwy 98
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Ste 7 Ste. 7
 City & State City & State
 Destin, Fl 32541 Destin, Fl 32541
 Zip Country Zip Country
 32541 U.S. 32541 U.S.

4. FEI Number **Applied For**
 59-3519673 **Not Applicable**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Lamar Conerly, Jr.
 1234 Airport Rd., 111
 Destin, FL 32541

7. Name and Address of New Registered Agent
 Name: Lamar Conerly, Jr.
 Street Address (P.O. Box Number is Not Acceptable): 4481 Legendary Dr.
 City: Destin FL Zip Code: 32541

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  **Registered Agent** **September 7, 2000**
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	Jeffrey Miller 12274 North 138th Street Scottsdale, AZ. 85259	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY- ST- ZIP	Vice President Chuck Cooper 623 E. Hwy 98, Ste 7 Destin, FL 32541	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	800003389168-2 -09/12/00--01008--002 ****700.00 ****350.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	800003389178-1 -09/12/00--01015--001 ****550.00 ****350.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	800003389168-2 -09/12/00--01015--001 ****550.00 ****550.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT 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)(f), 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 trustee 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:  **Chuck Cooper/VP** **09/07/00** **(850) 650-9473**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #