DOCUMENT # P98000086758 1. Entity Name						FILED Feb 16, 2000 8:00 am					
3-R-1 PROPERTIES, INC.						Sec	creta	ry o	f Sta	te	
Principal Place	e of Business	Mailing Address				02-1	16-2000 9	90147 01	7 ***158.7	5	
3612 - 24TH STF RUSKIN FL 3357 US		3612 - 24TH STREET. SE RUSKIN FL 33570-6305 US									
2. Principal A	th Sts	SE)			
Swite, Apt. #	#, etc. - <u>e</u> 104	Suite, Apt. #, etc.			4 5514		OO NOT WR	TE IN THIS		pplied For	
Gity & State	pa FL	Ruskin,	PL		4. FEIN	umber 5	9-353669	93	No	t Applicable	
3361	9 USA	33 <i>5</i> 70	USA Country	<u>.</u>		icate of Stat		Posistores	\$8.75 Add Fee Require	d	
<u> </u>	6. Name and Address of Current R	egistered Agent	Name			and Addre	ss or new.	negistered	Agont		
PYLE, TERRENCE F 707 DEL WEBB BOULEVARD WEST					dress (P.O. Box Number is Not Acceptable)						
SUN	CITY CENTER FL 33573		00		,				Zip Cod	a	
· 	numed entity submits this statement for		City	rociotor	od agant	r both in th	on State of E	F	_		
SIGNATURE	Signature, typed or printed name of registered agent an	X Smill	Registered Agent signatu	rau	nta) (<u>5 mi7</u>	H DATE	1/17/	00_	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After MAY 1, 2000 Make Check Payable				50.00	e		d Contributi	on.	Added	0 May Be I to Fees	
11.	OFFICERS AND D	DIRECTORS Delete	12.	PI		ONS/CHAN	GES TO OF	FICERS AN	ID DIRECTOR Change	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	ALLENDER, TREBAL 101 AMERICAN CENTER PL, SUIT TAMPA FL 33619		NAME STREET ADDRESS CHY-ST-ZIP	AII	` •	er C neric FL	John an C	R. Jente	rPL S	inte 104	
TITLE NAME STREET ADDRESS	VPD JOHNSON, DAVID W 9210 SILVER DOLLAR DRIVE	☐ Delete	TITLE NAME STREET ADDRESS			- ,		,	☐ Change	☐ Addition	
CITY-ST-ZIP	TAMPA FL 33647 STD	Défete	CITY-ST-ZIP	<u> </u>	71				— Change	Addition	
NAME STREET ADORESS CITY-ST-ZIP	SMITH, DURAUNTA L 3612 - 24TH STREET, SE RUSKIN FL 33570		NAME STREET ADDRESS CITY-ST-ZIP				_				
NAME STREET ADDRESS CITY-ST-ZIP	,	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP						☐ Change	☐ Addition	
TITLE		☐ Delete	TITLE			_		_	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP					_			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Del ē te	TITLE NAME STREET ADDRESS CITY-ST-ZIP						☐ Change	Addition	
13. I hereby of indicated of the correctanged,	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, w	this filing does not qualify for true and accurate and that n wered to execute this report ith at other line empowered	the exemption stary) signature shall he required by Cha	ted in Se ave the s inter 607	ection 119. same lega , Florida S	07(3)(i), Flor effect as if tatutes; and	rida Statutes made unde that my nar	s. I further or oath; that me appears	tertify that the in I am an officer in Block 11 o	nformation or director r Block 12 if	