FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # \$20927 OUCK PROPERTIES, INC.	(7)			2X
Principal Place	e of Business	Mailing Address			/// UIDI/ UID // U/B // IND/
689 9TH STREET N 689 9TH STREET N					
NAPLES FL 33940		NAPLES FL 33940		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				01/01/1991	
— ·	lace of Businoss	2a. Mailing Address	-	4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0232921	Not Applicable
-		27 Suite, Apr. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current	
24	25	29	30		Yes No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered Ag	ent
GRIDLEY, JOHN H JR					
689 9TH ST NORTH			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
NAPLES FL 33940			83		
			84 City		es 75 Codo
			84 City	FL	85 Zip Code
office or r agent. I a SIGNATURE	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m farnitiar with, and accept the obliga Signature, typed or printed name of registered agent	ions of, Section 607.0505, F	utes, the above-named or authorized by the corpor Florida Statutes. OTE: Registered Agent signature rec	orporation submits this statement for the purpose of cleration's board of directors. I hereby accept the appoin	hanging its registered
12.	OFFICERS AND DIRECTORS		13.	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	GRIDLEY, JOHN H JR		1.2 NAME		
STREET ADDRESS	689 9TH STREET N		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
TITLE NAME		La Detere	2.2 NAME	<u></u>	J Ollarige [] ROUTION
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	Control of the Contro	
TITLE		☐ DELETE	3.1 TITLE	L	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3 4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE	Ĺ.	Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		Ì
CFTY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME		Phi Accord	5.2 NAME	<u>.</u>	2
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		-
STREET ADORESS			6.3 STREET ADDRESS		Ì

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 champed, or on an attachment with an address.

SIGNATURE:

941-262-6550

FILED

Apr 14 1998 8:00am

Secretary of State