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

FILED

May 15 1998 8:00am

Secretary of State

DOCUMENT #

S21666

(0)

FOXWOOD MANOR APARTMENTS CORP.

, (0

POXVVC	NOU MANON APARIMENTS	OUNT				
Principal Place	of Rusiness	Mailing Address				-
24 HARRISON	_	v	24 HARRISON AVE			
	Y FL 32401-2741	PANAMA CITY FL 32401-2741				DO NOT WOLLE IN THIS SOLOE
						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
						12/28/1990
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				59-3044720 Not Applicable
Sulte, Apt. i	#, etc.	Suite, Apt. #	Suite, Apt. #, etc.			5 Certificate of Status Desired \$8.75 Additional
22		27	<u> </u>			Fee Required
City & State)	⊢ 1	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution □ Added to Fees
Zip Country			Zip Country			This corporation owes or has paid the current year Intangible
24	· -		30			Personal Property Tax due June 30. Tyes No
	9. Name and Address of Currer	29 nt Registered Agent	red Agent			10. Name and Address of New Registered Agent
FA	IROLOTH, CHARLES E.			81	Name	
	HARRISON AVE		82 St		Street Addre	ess (P.O. Box Number is Not Acceptable)
PA	NAMA CITY FL 32401			20		Lauren La
				83		
				84	City	FL 85 Zip Code
44 Durauanti	a the provisions of Sections 607.050	2 and 607 1508 Flori	da Statutos, the a	bove	-named corno	
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, 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 lamiliar with, and accept the obligations of, Section 607,0505, Florida Statutes.						
SIGNATURE	Signature, typed or pointed name of registered ago	ent and title if applicable	(NOTE: Registere	d Agen	nt signature require	ed when reinstating) DATE
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE			ELETE 1.1 TI	1.1 TITLE		Change . Addition
NAME			1.2 NAME			
STREET ADDRESS	24 HARRISON AVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY FL	П.	1.4 CITY-S' DELETE 2.1 TITLE		1-2IP	Change Addition
TITLE	GRIMSLEY, WILLIAM C JR	د ل	2.2 NAME			
NAME Street address	7911 THOMAS DR		2.3 STREET ADDRE		ADOBESS	
CITY-ST-ZIP	PANAMA CITY FL		2.40		1	
TITLE	111111111111111111111111111111111111111		ELETE 3.1 Te		·····	Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP		<u>.</u>	3.4. City - St - ZIP		T-ZIP	
TITLE			ELETE 4.1 TO	TLE		Change Addition
NAME			4. 2 N			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			4.4 CIT		I-ZIP	☐ Change ☐ Addition
TITLE		LJU				onango nounon
NAME OTDEET ADDRESS			5.2 N		ADDRESS	
STREET ADDRESS				ITY-SI		
CITY-ST-ZIP TITLE			DELETE 6.1 TI		I - EM	Change Addition
NAME	1		6.2 NAI			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			646	IIY -31	7-73VP	
14 becelves	certify that the information supplied v	with this filing days no	a ann accurata an	dethe	at mw sionatur	Section 119.07(3)(i), Florida Statutes. I further certify that the information responsible to the same legal effect as if made under oath; that I am an
Indicated on this annual report or supplemental annual sport is true and accurate and mat 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 of trust empowered to extend this report as required by Dhayter 607. Foright that I am an an alternative and that my name appears in Block 12 or Block 13 if changed, or on an attachment wat an address.						

050-785-7449