

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

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May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S54704 (9)
1. Corporation Name
THREE PALMS, INC.



Principal Place of Business
15307 AMBERLY DRIVE
SUITE 121
TAMPA FL 33617
US

Mailing Address
15307 AMBERLY DRIVE
SUITE 121
TAMPA FL 33617
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 6610 E. FOWLER AVE
Suite, Apt. #, etc.
22 SUITE G
City & State
23 TAMPA FL
Zip
24 33617 Country
25 USA

2a. Mailing Address
26 6610 E. FOWLER AVE
Suite, Apt. #, etc.
27 SUITE G
City & State
28 TAMPA FL
Zip
29 33617 Country
30 USA

3. Date Incorporated or Qualified
05/23/1991

4. FEI Number
59-3066672

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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
JACKSON, THOMAS L.
17714 SHANNON OAKS CT
TAMPA FL 33647

10. Name and Address of New Registered Agent
81 Name
DONALD E. FARR
82 Street Address (P.O. Box Number is Not Acceptable)
624 HAMPSHIRE LANE
83
84 City
HOLMES BEACH FL 85 Zip Code
34217

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 familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Donald E. Farr* President DONALD E. FARR 4-24-98
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
DP	JACKSON, DEBRA F	17714 SHANNON OAKS CT.	TAMPA FL	<input checked="" type="checkbox"/>
VP	JACKSON, THOMAS L.	17714 SHANNON OAKS CT	TAMPA FL	<input checked="" type="checkbox"/>
VP	FARR, DONALD E	11510 HUNTER PLACE	TAMPA FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE: *Donald E. Farr* PRESIDENT DONALD E. FARR 4-24-98 (813) 988-9321

CR2E034 (10/97)