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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUI 1. Corporation	MENT # \$8	3222		; !	
P	IEDMONT PROPERTIES I	NCORPORATED	1	lu:	net l
Principal Place	e of Business	Mailing Address			ym!
3791 HUGHES RD. 3791 HUGHES RD. SMYRNA SC 29743 SMYRNA SC 29743-8798 US US			1		
				3. Date Incorporated or Qualified 09-26-1991	3a. Date of Last Report 05/01/1996
· · · · ·	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 26 Suite, Apt. #, etc		26 4001 GULF SHO	KE BLAD N	65-0319661	Not Applicable
-	#. etc	Suite, Apt. #. etc. 27 SUITE 200		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 27 SUITE 200			6. Election Campaign Financing	\$5.00 May Be	
23	~	NAPLES, FL	,	Trust Fund Contribution	Added to Fees
Zφ	Country	24)	Country	8. This corporation has liability for if	
24	25	29 34103-3424 3	0		Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Reg	istered Agent
	IN, WILLIAM E. J		81 Name		
4001 GULF SHORE BLVD. N.			82 Street Add	Address (P.O. Box Number is Not Acceptable)	
#200 SURFS EDGE			<u> </u>		
NAPLES FL 33948			83	•	
	•		84 City		FL 85 Zip Code
11. Pursuant office or r agent 1 a SIGNATURE	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was autione of, September 607.0505. Florida	the above-named coupling the corporation Statutes.	rporation submits this statement for the particles alion's board of directors. I hereby accept	roose of changing its registered
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	
HILF	PS	DELETE	1 1 TOLE		☐ Change ☐ Addition
NAME	klein, william e. Jr		1.2 NAME		
STREET ADDRESS	3791 HUGHES RD.		1.3 STREET ADDRESS		
CITY - ST - ZIP	SMYRNA SC 29743		1.4 CITY-ST-ZIP		·
ากเร		☐ DELETE	S I TITLE		Change Addition
NAME			22 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY ST ZIP			2 4 CITY-ST-ZIP		
MEE		☐ DÉLETE	A 1 FIRE		Change Addition
HAME		-	3 2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY SI ZIP		1-1-2-5-5	34 CITY-ST-ZIP		
TITLE		DETELE	4.1 DITLE	,	Change Nodingon
NAME			4 2 NAME		
STHEET ADDRESS			43 STREET ADDRESS		1 60
City-ST-ZIP		☐ DELETE	4.4 City-ST-ZIP		Change Addition
TITLE			\$.1 TITLE		· C'T cuande - C'T voquou
MAME			52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	<u> </u>	
CITY-ST ZIP		DELETE	5.4 City - \$1 - ZiP		Change Addition
HILE		T OFFER	6.1 TITLE 6.2 NAME	900002170	1489
HAME STUTEL ADDRESS			63 STREET ADDRESS	900002170	036
STREET ADORESS			■ 0.3 9 LUCE I MUNICOS	समामा का अपनिय	

14. I do 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 supplicmental 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.

64 CITY -ST - ZIP

***165.00

SIGNATURE:

FILED

May 05 1997 8:00am

Secretary of State