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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V34689 1. Corporation Name

DESERET PROPERTIES OF FLORIDA, INC.

Principal Place of Business		Mailing Address			• • • • • • • • • • • • • • • • • • • •		
10.01 000-111 - 112		13754 DESERT LANE					
13754 DESERET LANE		13754 DESERET LANE		DO NO	DO NOT WRITE IN THIS SPACE		
ST. CLOUD FL 34773 US		ST. CLOUD FL 34773 US			3. Date Incorporated or Qualifed		
US		00		05/08/1992			}
2 Dringing Di	on of Punings	2a. Mailing Address		4. FEI Number		App	lied For
2. Principal Place of Business				59-3170203			Applicable
Suite, Apt. #, etc.		Suite. Apt. #, etc.		39 317 0200		\$8.75 AC	
¬ ·		27		5. Certifcate of Status Des	ired 🗌	Fee Req	
City & State		City & State		6. Election Campaign Fina	ncing _	\$5.00 N	May Re
~ ′		28		Trust Fund Contribution		Added to	
Zip Country		Zip Country		8. This corporation owes the	ne current vear Inta	naible	
24	25	29 30	¬ ·	Personal Property Tax.			□No
24	9. Name and Address of Current			10. Name and Address of	New Registered A	gent	
	v. Hame and Medicas or carren		81 Name -				
GENI	HO, PAUL		<u> </u>	James B. Payne			
13754 DESERET LANE				Address (P.O. Box Number Is Not A			j
ST. CLOUD FL 34773			83	1754 DESCIEL	SAPIE		
01. (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
			84 City <	1 (1)	FL	85 Zip Ci	ode
			-	t. Cloud			
office or re	to the provisions of Sections 607.0502 egistered agent, or both in the State	of Florida. Such change was auth	iorized by the corbo	ration's board of directors. I hereby	accept the appoint	tment as reg	istered
agent. I ar	mamiliar with, and adoept the obligat	ions of, Section 607.0505, Florida	a Statutes.				
SIGNATURE	Samo Braine.		rayne		4-26	2-44 <u> </u>	
	Signature, typed or printed name of registered agen		gistered Agent signature re	quired when reinstating) ADDITIONS/CHANGES	27112		RS IN 12
12.		D DIRECTORS	13.	P ADDITIONS/CHANGES	TO OFFICERS AND	Change	Addition
TITLE	P	DELETE					X ASSILION
NAME	GERHO, PAUL C		■ i	FERGEN K. Squires			
STREET ADDRESS	13754 DESERET LN		1.3 STREET ADDRESS	13754 DESCRET LA			
CITY-ST-ZIP	ST CLOUD FL		1.4 CITY-ST-ZIP	St- CLOUD, fr	34113	C105	FT & database
TITLE	D	☐ DELETE	2.1 TITLE			Change	Addition
NAME	CREER, JOHN W		2.2 NAME				
STREET ADDRESS	139 EAST SOUTH TEMPLE		2.3 STREET ADDRESS				
CITY-ST-ZIP	SALT LAKE CITY UT		2. 4 CITY-ST-ZIP				
TITLE	7	☐ DELETE	3.1 TITLE			[] Change	☐ Addition
NAME	COOK, KENT L		3.2 NAME				ļ
STREET ADDRESS	13754 DESERT LANE		3.3 STREET ADDRESS				
CITY-ST-ZIP	ST CLOUD FL		3.4. CITY-ST-ZIP				
TITLE	D	☐ DELETE	4.1 TITLE			[] Change	☐ Addition
NAME	LAMOREAUX, ROBERT		4. 2 NAME				
STREET ADDRESS	AND E AGUSTU TEMBLE AT		4.3 STREET ADDRESS				
CITY-ST-ZIP	SALT LAKE CITY UT		4.4 CITY-ST-ZIP				
TITLE	ST ST	☐ DELETE	5.1 TITLE			[] Change	Addition
NAME	RUECHERT, THOMAS G		52 NAME				
	139 EAST SOUTH TEMPLE		5.3 STREET ADDRESS				
STREET ADDRESS	SALT LAKE CITY UT		5.4 CITY-ST-ZIP				
CITY-ST-ZIP	SALI LANE OILI UI	☐ DELETE	6.1 TITLE			Change	Addition
TITLE			6.2 NAME			- •	•
NAME			6.3 STREET ADDRESS				
STREET ADDRESS			0.3 STACET ADDACSS				

6.4 CITY-ST-ZIP

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 suppliemental arinual 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 of 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 all attachment with an address, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)

May 03, 1999 8:00 am Secretary of State

05-03-1999 90124 032 ***300.00