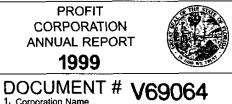
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

SAXON FAMILY PROPERTIES, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

May 08, 1999 8:00 am Secretary of State

05-08-1999 90003 008 ***150.00

| Principal Place | e of Business | Mailing Address | • | | | |
|--------------------|--|---------------------------|-------------------------|---------------------|---------------------|--|
| 281 WAVA AVE | NUE | PO BOX 5 | PO BOX 5 | | | |
| NICEVILLE FL 3 | 2578 | | NICEVILLE FL 32588-0626 | | | DO NOT WRITE IN THIS SPACE |
| US | | US | | | | |
| | | | | | | 3. Date incorporated or Qualifed |
| | | | | | | 10/06/1992 |
| 2. Principal Pi | lace of Business | 2a. Mailing Add | 2a. Mailing Address | | | 4. FEI Number Applied For |
| 21 | | 26 | | | | 59-3147846 Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. # | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired 5. Status Desired 5. Certificate of Sta |
| 22 | | 27 | <u> </u> | | | Fee Required |
| City & Stat | e | City & State | City & State | | | 6. Election Campaign Financing \$5.00 May Be |
| 23 | 28 | | | | | Trust Fund Contribution Added to Fees |
| Zip | Country | Zip Cour | | Country | | This corporation owes the current year Intangible |
| 24 | 25 29 | | 30 | | | Personal Property Tax. Yes You |
| | 9. Name and Address of Curr | rent Registered Agent | | | | 10. Name and Address of New Registered Agent |
| | | | | 81 | Name | |
| saxon, K. Ward III | | | | 82 | Street A | ddress (P.O. Box Number is Not Acceptable) |
| 107 | Juniper Street | | 02 | | OHOGEFRE | actess (i.e., bex) terriber to the cospussor |
| NICE | VILLE FL 32578 | | 8 | | | |
| | | | | <u> </u> | | |
| | | | | 84 | City | F! 85 Zip Code |
| 44 0 | to the provisions of Sections 607.0 | 1502 and 607 1509 Flor | ido Statutes the | a above | -named co | proporation submits this statement for the purpose of changing its registered |
| office or t | egistered agent or both in the Sta | ite of Florida. Such char | ide was authori | zed by | the corpor | ation's board of directors. I hereby accept the appointment as registered |
| agent. I a | m familiar with, and accept the obli | igations of, Section 607. | 0505, Florida S | tatutes | • | |
| SIGNATURE | | | | | | uired when reinstating) DATE |
| | Signature, typed or printed name of registered a | | | ered Ager | per erutangia ti | uired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| 12. | | AND DIRECTORS | | | - | Change Addition |
| TITLE | VD | L_ L | | 1 TITLE | İ | |
| NAME | SAXON, BETTY R | | | 2 NAME | | |
| STREET ADDRESS | 0000 Ballac Bill | | 3 STREET | ADDRESS | | |
| CITY-ST-ZIP | | | 4 CITY-S | r-ZIP | | |
| TITLE | SD □ DELETE 2:1 | | 1 TITLE | | ☐ Change ☐ Addition | |
| NAME | COGHLAN, JOYCE S | | 2 NAME | | | |
| STREET ADDRESS | · | | 3 STREET | ADDRESS | | |
| CITY-ST-ZIP | 100000001110 | | 4 CITY-S | T-ZIP | | |
| TITLE | | | 1 TITLE | | Change Addition | |
| NAME | Ti | | 2 NAME | | | |
| STREET ADDRESS | | | 3 STREET | ADDRESS | | |
| CITY-ST-ZIP | | | A. CITY-S | | | |
| TITLE | | | 1 TITLE | - | ☐ Change ☐ Addition | |
| | | | 4, 2 NAME | | | |
| NAME | 107 JUNIPER ST | | | | ADDRESS | |
| STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | 4 CITY-S | 1-215 | ☐ Change ☐ Addition | |
| TITLE | | | | .1 TITLE .2 NAME | | |
| NAME | | | | | ADDRESS | |
| STREET ADDRESS | | | | | ADDRESS | |
| CITY-ST-ZIP | | | | 4 CITY-S | I-ZIP | |
| TITLE | | | , | 1 TITLE | \ | ☐ Change ☐ Addition |
| NAME | | | | .2 NAME | | |
| STREET ADDRESS | | | 6 | 3 STREE | ADDRESS | |
| | | | " | | | I |

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 attagrament with an address, with all other like empowered.

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