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

PROFIT . FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT FILED Secretary of State 1998 **DIVISION OF CORPORATIONS** S8 MAY -5 AM 9: 62 DOCUMENT # { DECKETART OF STATE TALLAHASSEE, FLORIDA theastern Property Management, Inc. DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 2. Principal Place of Busines 2a. Mailing Address Applied For 1103 215 (some) Not Applicable Suite, Apt. #, etc. \$8.75 Additional M 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be <u>bicminaham</u> 26 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible USA 29 30 Personal Property Tax due June 30. Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CT Corporation 1200 S. Pine Island Road Plantation, FL 33324 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City Zip Code 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TIFLE DELETE President William B. Welden, Sr. 1 1 TIFLE ☐ Change NAME 1.2 NAME P.O. Box 55465 N/A Dirming ham, AL 35: STREET ADDRESS 13 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition TITLE DELETE 2.1 TITLE Change NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - \$1 - ZIP 2. 4 CITY - ST - ZIP RFINSTATEN DELETE 1071.6 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP TITLE DELETE 4.1 TITLE 600002516**6**06 NAME 4 2 NAME -05/08/98--01009--020 STREET ADDRESS 4.3 STREET ADDRESS ***1658.75 ***1658.7S CITY-ST-ZIP 44 CITY - ST - ZIP DELETE TITLE 5 1 TITLE Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-St 71P 5 4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change Addition NAME, 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 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 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. (205) 933-1020 SIGNATURE: