

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

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90124 018 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # J02469

1. Corporation Name
PACE ISLAND REALTY CORP.

Principal Place of Business Mailing Address
 1733 PACE ISLAND TRACE 1733 PACE ISLAND TRACE
 ORANGE PARK FL 32073 ORANGE PARK FL 32073



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/06/1986

4. FEI Number **59-2654851** Applied For Not Applicable

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 the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

KEEFE, KENNETH M. JR.
50 NORTH LAURA STREET, SUITE 3300
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PACE, JOHN H. JR.	
STREET ADDRESS	MOCCASIN SLOUGH	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WOOD, SUSAN D.	
STREET ADDRESS	1733 PACE ISLAND TRACE	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KILNER, FLORENCE D.	
STREET ADDRESS	1733 PACE ISLAND TRACE	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HALTER, KATHLEEN A	
STREET ADDRESS	1733 PACE ISLAND TRACE	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HARRISON, MELVIN R	
STREET ADDRESS	1733 PACE ISLAND TRACE	
CITY-ST-ZIP	ORANGE PARK FL 3207	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Leach, Augusta P.	
1.3 STREET ADDRESS	1733 Pace Island Trace	
1.4 CITY-ST-ZIP	Orange Park, FL 32073	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Wood, Susan D.	
2.3 STREET ADDRESS	1733 Pace Island Trace	
2.4 CITY-ST-ZIP	Orange Park, FL 32073	
3.1 TITLE	D,P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Pace, T.W.	
3.3 STREET ADDRESS	1733 Pace Island Trace	
3.4 CITY-ST-ZIP	Orange Park, FL 32073	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	V,T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Harrison, Melvin R.	
5.3 STREET ADDRESS	1733 Pace Island Trace	
5.4 CITY-ST-ZIP	Orange Park, FL 32073	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Date: 3-17-99 Daytime Phone #: 904-264-8784

CR2E034 (1/1/98)