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Jan 30 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 241124 (7)  
1. Corporation Name  
GENERAL REALTY & INVESTMENT CO., INC.



Principal Place of Business: 93 SALEM COURT ANDOVER MA 01810-2113 US  
Mailing Address: 93 SALEM COURT ANDOVER MA 01810-2113 US

3. Date Incorporated or Qualified: 10/13/1960  
3a. Date of Last Report: 02/09/1996

2. Principal Place of Business: 21 93 Salem Street, Suite, Apt. #, etc. 22 City & State, 23 Zip, Country  
2a. Mailing Address: 26 93 Salem Street, Suite, Apt. #, etc. 27 City & State, 28 Zip, Country  
24, 25, 29, 30

4. FEI Number: 59-0941809 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent  
WOOTEN, JR SIMEON F  
5020 BAYSHORE BLVD #105  
SUITE 105  
TAMPA FL 33611

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City, 85 Zip Code: FL

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: VSD, NAME: ROUNTREE, CARTER W, STREET ADDRESS: 93 SALEM ST ANDOVER MA, CITY-ST-ZIP: ANDOVER MA  
TITLE: PD, NAME: WOOTEN JR, SIMEON F, STREET ADDRESS: 5020 BAYSHORE BLVD. TAMPA FL, CITY-ST-ZIP: TAMPA FL  
TITLE: VD, NAME: WOOTEN, MARION M, STREET ADDRESS: 5020 BAYSHORE BLVD. TAMPA FL, CITY-ST-ZIP: TAMPA FL  
TITLE: SD, NAME: WOOTEN, FRANK M, STREET ADDRESS: 93 SALEM ST ANDOVER MA, CITY-ST-ZIP: ANDOVER MA  
TITLE: VD, NAME: WOOTEN III, SIMEON F, STREET ADDRESS: 198 WEST LAKE DR ANNAPOLIS, MD 00000, CITY-ST-ZIP: ANNAPOLIS, MD 00000  
TITLE: D, NAME: WOOTEN, E CURRAN, STREET ADDRESS: 198 WEST LAKE DR ANNAPOLIS, MD 00000, CITY-ST-ZIP: ANNAPOLIS, MD 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP  
2.1 TITLE, 2.2 NAME, 2.3 STREET ADDRESS, 2.4 CITY-ST-ZIP  
3.1 TITLE, 3.2 NAME, 3.3 STREET ADDRESS, 3.4 CITY-ST-ZIP  
4.1 TITLE, 4.2 NAME, 4.3 STREET ADDRESS, 4.4 CITY-ST-ZIP  
5.1 TITLE, 5.2 NAME, 5.3 STREET ADDRESS, 5.4 CITY-ST-ZIP  
6.1 TITLE, 6.2 NAME, 6.3 STREET ADDRESS, 6.4 CITY-ST-ZIP

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 included 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.

SIGNATURE: Carter W. Rountree  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/22/97  
Daytime Phone: #

CR2E034 (9/96)