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PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # 241124

1. Corporation Name
GENERAL REALTY & INVESTMENT CO., INC.



Principal Place of Business 93 SALEM STREET ANDOVER MA 01810-2113 US	Mailing Address 93 SALEM STREET ANDOVER MA 01810-2113 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3 Cabot Road Suite, Apt. #, etc. 22	2a. Mailing Address 26 3 Cabot Road Suite, Apt. #, etc. 27	23 Andover, MA City & State 24 01810-1701 25 USA Zip Country	28 Andover, MA City & State 29 01810-1701 30 USA Zip Country
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3. Date Incorporated or Qualified 10/13/1960	4. FEI Number 59-0941809	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> 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 Marion M. Wooten
82 Street Address (P.O. Box Number is Not Acceptable) same
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 Marion M. Wooten **Marion M. Wooten** 1/20/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VSD	<input type="checkbox"/> DELETE
NAME	ROUNTREE, CARTER W	
STREET ADDRESS	93 SALEM ST	
CITY-ST-ZIP	ANDOVER MA	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WOOTEN JR, SIMEON F	
STREET ADDRESS	5020 BAYSHORE BLVD.	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WOOTEN, MARION M	
STREET ADDRESS	5020 BAYSHORE BLVD.	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WOOTEN, FRANK M	
STREET ADDRESS	93 SALEM ST	
CITY-ST-ZIP	ANDOVER MA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WOOTEN III, SIMEON F	
STREET ADDRESS	196 WEST LAKE DR	
CITY-ST-ZIP	ANNAPOLIS, MD 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WOOTEN, E CURRAN	
STREET ADDRESS	196 WEST LAKE DR	
CITY-ST-ZIP	ANNAPOLIS, MD 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Carter W. Rountree	
1.3 STREET ADDRESS	3 Cabot Road	
1.4 CITY-ST-ZIP	Andover, MA 01810-1701	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Chairman of the Board	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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: Carter W. Rountree
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-99 Date Daytime Phone #

CR2E034 (1/98)