FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY 11 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **383076** **(7)**

1. Current Name
REFERRAL REALTY OF CAPE CORAL, INC.

Principal Place of Business
1515A CAPE CORAL PKWY
CAPE CORAL FL 33904
US

Mailing Address
PO BOX 772
CAPE CORAL FL 33910-0772
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/01/1971**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. # or other — 22 / 27
City & State — 23 / 28
Zip — 24
County — 25 / 29 / 30

4. FEI Number: **59-1355189** ☐ 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

COLE, HARMON A.
1515A CAPE CORAL PKY
CAPE CORAL FL 33910

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
(If changing Registered Agent, New Registered Agent must sign here) (If changing Registered Agent, Former Registered Agent must sign here) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE	PTD	11 TITLE	☐ Change ☐ Addition
NAME	COLE, HARMON A	12 NAME	
STREET ADDRESS	3829 S E 21ST PL	13 STREET ADDRESS	
CITY ST ZIP	CAPE CORAL, FL 0	14 CITY ST ZIP	
TITLE	VS	21 TITLE	☐ Change ☐ Addition
NAME	COLE, HARMON A	22 NAME	
STREET ADDRESS	3829 S E 21ST PL	23 STREET ADDRESS	
CITY ST ZIP	CAPE CORAL, FL 0	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is, to the best of my knowledge, true and accurate and that this filing complies with the requirements of Section 607.0505, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 above, or on an attachment with an address.

SIGNATURE: Harmon A Cole — **5/3/95** — **542-6633**
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — DATE — DAYTIME PHONE #

0333471 CP