

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **430032** (3)

1. Corporation Name  
**SEMINOLE REALTY, INCORPORATED**



Principal Place of Business: 7148 SEMINOLE BLVD. P.O. BOX 3365 SEMINOLE FL 34642-5935  
Mailing Address: 7148 SEMINOLE BLVD. P.O. BOX 3365 SEMINOLE FL 34642-5935

3. Date Incorporated or Qualified: **07/06/1973**  
3a. Date of Last Report: **08/07/1995**  
4. FEI Number: **59-1475895**  
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **GRAYSON, JOHN W. 7148 SEMINOLE BLVD SEMINOLE FL 34642**  
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: *John W. Grayson* **JOHN W. GRAYSON** (The Registered Agent signature required when reinstating)  
DATE: **7-1-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: GRAYSON, JOHN W.	1.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 13449 73 AVENUE NORTH	CITY-ST-ZIP: SEMINOLE FL	1.2 NAME:	
TITLE: VPD	NAME: HAJEK, CAROL	1.3 STREET ADDRESS:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 7148 SEMINOLE BOULEVARD	CITY-ST-ZIP: SEMINOLE FL	1.4 CITY-ST-ZIP:	
TITLE:	NAME:	2.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	2.2 NAME:	
TITLE:	NAME:	2.3 STREET ADDRESS:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	2.4 CITY-ST-ZIP:	
TITLE:	NAME:	3.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	3.2 NAME:	
TITLE:	NAME:	3.3 STREET ADDRESS:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	3.4 CITY-ST-ZIP:	
TITLE:	NAME:	4.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:	
TITLE:	NAME:	4.3 STREET ADDRESS:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP:	
TITLE:	NAME:	5.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	
TITLE:	NAME:	5.3 STREET ADDRESS:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	
TITLE:	NAME:	6.3 STREET ADDRESS:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *John W. Grayson* **JOHN W. GRAYSON** DATE: **7-1-96** DAYTIME PHONE: **391-0197**

CR2E034 (12/95)