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Mar 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **F71426** **(3)**

1. Corporation Name
GARY THURMAN REALTY, INC.

Principal Place of Business	Mailing Address
HIGHWAY 90 WEST CHIPLEY FL 32428	P.O. BOX 171 CHIPLEY FL 32428 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/17/1982

2. Principal Place of Business	2a. Mailing Address
21 17528 Hwy 90 West	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Chipley, Fl	28 City & State
24 32428 Zip / 25 WASHINGTON Country	29 Zip / 30 Country

4. FEI Number: 59-2186939 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THURMAN, GARY B HWY 90 WEST CHIPLEY FL 32428	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 Gary Thurman 3/5/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	Pres.	☑ Change ☐ Addition
NAME	THURMAN, GARY		1.2 NAME	Thurman, Gary	
STREET ADDRESS	HIGHWAY 90 WEST		1.3 STREET ADDRESS	17528 Hwy 90 West	
CITY-ST-ZIP	CHIPLEY, FL 00000		1.4 CITY-ST-ZIP	Chipley, FL 32428	
TITLE	ST	☐ DELETE	2.1 TITLE	ST	☑ Change ☐ Addition
NAME	THURMAN, KATHY		2.2 NAME	Thurman, Kathy	
STREET ADDRESS	HIGHWAY 90 WEST		2.3 STREET ADDRESS	17528 Hwy 90 West	
CITY-ST-ZIP	CHIPLEY FL		2.4 CITY-ST-ZIP	Chipley, Fl 32428	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE [illegible] 3/5/98