

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G43628 (8)

1. Corporation Name
T REALTY, INC.

Principal Place of Business
**1731 BOGGY CREEK RD
KISSIMMEE FL 34744
US**

Mailing Address
**1731 BOGGY CREEK RD
KISSIMMEE FL 34744
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
06/09/1983

3a. Date of Last Report
05/01/1994

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number
59-2319303

Applied For
 Applied For
 Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State
23

City & State
28

6. Election Campaign Financing
Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip
24

Country
25

Zip
29

Country
30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**TOMPKINS, THOMAS N.
1731 BOGGY CREEK ROAD
KISSIMMEE FL 34744**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

P

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**TOMPKINS, THOMAS N.
1731 BOGGY CREEK RD.
KISSIMMEE FL**

V

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**KEENE, JEAN F.
8137 CURRY FORD RD.
ORLANDO FL**

ST

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**MARGISON, DONNA
1020 SHAWNDA LANE
KISSIMMEE FL**

V

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**TOMPKINS, THOMAS R
1731 BOGGY CREEK RD
KISSIMMEE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME **DEAN R. LOWERY**

1.3 STREET ADDRESS **375 TIMBERLAKE DR.**

1.4 CITY - ST - ZIP **WINTER GARDEN FL 34787**

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

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 110.07(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: Dean R. Lowery **DEAN R. LOWERY Pres.** **4/14/95** **(407) 932-0772**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR