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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

G43628

(8)

T REALTY, INC.

DOCUMENT #

Mailing Address

Principal Place of Business



	GY CREEK RD E FL 34744		1731 BOGGY CREEK R KISSIMMEE FL 34744 US	RD			3. Date Incorporated or Qualified 06/09/1983		f Last Report 01/1995
2. Principal	Place of Business	2a	, Mailing Address				4. fEl Number		Applied For
1		26					59-2319303		Not Applicable
Suite, Apt. #, etc.		27	Suite, Apt. #, etc				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Sta	ate	28	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip Country		1	Zip	Country			8. This corporation has liability for intangible tax under s. 199.032,		
4	25 29 30					Flonda Statutes 🙀 Yes 🗌 No			
	Name and Address of Curren	t Regis	stered Agent		<u>_</u>		10. Name and Address of New R	egistered Ag	ent
					81	Name			
	'KINS, THOMAS N. BOGGY CREEK ROAD				82	Street Addre	ess (P.O. Box Number is Not Acceptable	e)	
	MMEE FL 34744				83		AAA AAAA AAAAA		
					84	City		FL	85 Zip Code
or regis	nt to the provisions of Sections 607.0502 tered agent, or both, in the State of Floric with, and accept the obligations of, Secti	da Sub	th change was authorize	red by th	above r	amed corpora oration's board	ation submits this statement for the pur d of directors. Thereby accept the appx	pose of chang intrient as re	jing its registered office gistered agent. I am
SIGNATURE	Signature, typed or pented name of registered agent	and free t	rayayiradar (NC)	ii Feget	terest Aspen	Sopration of person	when her state go	[bA]	
12.	OFFICERS AND) DISE	CTORS	1	3.		ADDITIONS/CHANGES TO OFF		
			C1 DOLETC						Change

12.	OFFICERS AND DIS	ECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	DELETE	1 1 THLE		☐ Change	Addition	
NAME	LOWERY, DEION R		1.2 NAMÉ				
STREET ADDRESS	395 TIMBER CREEK DR		1.3 STREET ADDRESS				
CHY-ST-ZIP	WINTER GARDEN FL		1.4 C(TY - ST - ZIF)				
TITLE	ST	☐ DELETE	2 1 TITLE		X] Change	Addition	
NAME	MARGISON, DONNA		2.2 NAME				
STREET ADDRESS	1020 SHAWNDA LANE		2.3 STHEET ADDRESS	3555 Cord Avenue			
CITY - ST - ZIF	KISSIMMEE FL		2.4 CHY - ST - ZIP	St. Cloud, FL 34772			
TIFLE	V	☐ DELETE	3 1 THEF		☐ Change	Addition	
NAME	TOMPKINS, THOMASA R		3 2 NAME				
STREET ADDRESS	1731 BOGGY CREEK RD		3.3 STREET ADDRESS				
CITY - ST - ZIP	KISSIMMEE FL		3.4 CHY \$1-ZIP	,,			
TITLE		☐ DELETE	4 11/11/		☐ Change	Addition	
NAMÉ			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY - ST - ZIP			4.4 CHY+ST-ZIP			. <u> </u>	
TITLE		☐ DELETE	5 1 THTLE		Change	Addition Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5 4 CHY+S1-ZIF				
TITLE		DELETE	6 1 TITLE		☐ Change	Add tion	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
מול דם עדום	1		6.4.Cit v . St . 7.P				

14. Ido 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 furnier 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donna Maryson

4-26-96