

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 # K48048 (8)

1. Corporation Name
FLORIDA REALTY OF OKALOOSA COUNTY, INC.



Principal Place of Business Mailing Address
**796 N BEAL PARKWAY
P O BOX 3057
FT. WALTON BCH FL 32547**

3. Date Incorporated or Qualified **11/29/1988** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-2920003** 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

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. 25. 29. 30.

9. Name and Address of Current Registered Agent

**PHILLIPS, KENNETH WARREN
796 N BEAL PARKWAY
UNIT A
FT. WALTON BCH FL 32547**

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

Signature, typed or printed name of registered agent and principal applicant

(NOTE: Registered Agent Signature is required for this filing)

DATE

12. OFFICERS AND DIRECTORS DELETE

TITLE **PVT**
NAME **PHILLIPS, KENNETH WARREN**
STREET ADDRESS **26 HILLCREST DR**
CITY- ST- ZIP **SHALIMAR FL**

TITLE DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE DELETE
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CITY- ST- ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE Change Addition
2. NAME
3. STREET ADDRESS
4. CITY- ST- ZIP

2. TITLE Change Addition
2. NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3. TITLE Change Addition
3. NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4. TITLE Change Addition
4. NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5. TITLE Change Addition
5. NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6. TITLE Change Addition
6. 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 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: *Kenneth W. Phillips* **Kenneth W. Phillips** 4/12/96 864-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PAYING PHONE #

CR2E034 (12/95)