

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K52950 (8)

1. Corporation Name

AUDREY MAJOR, ~~P.A.~~ REALTY, INC.

N/C 2-5-96
SG



Principal Place of Business

16402 LIVINGSTON AVE
LUTZ FL 33549

Mailing Address

16402 LIVINGSTON AVE
LUTZ FL 33549

3. Date Incorporated or Qualified

12/21/1988

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 260697
Suite, Apt. #, etc.

22 City & State

27 City & State
Tampa, Florida

23 Zip Country

28 Zip Country
33685-0697

4. FET Number

59-2929475

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

MAJOR, AUDREY
16402 LIVINGSTON AVENUE
LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name

Heidi M. Taylor

82 Street Address (P.O. Box Number is Not Acceptable)

2206 Webb Avenue

83

84 City

Dunedin

FL

85 Zip Code

33528

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 I accept the obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Heidi M. Taylor

DATE

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D MAJOR, AUDREY
NAME MAJOR, AUDREY
STREET ADDRESS 16402 LIVINGSTON AVE
CITY-ST-ZIP LUTZ FL

1.1 TITLE P/T/S
1.2 NAME Heidi M. Taylor
1.3 STREET ADDRESS 2206 Webb Avenue
1.4 CITY-ST-ZIP Dunedin, FL 33528

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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:

Heidi M. Taylor

Heidi M. Taylor

4-29-96

734-5606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE OF FILING

SG 5-1-96

CR2E034 (12/95)