

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUL 27 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L26676** (1)

1. Corporation Name

FLORIDA GLOBAL REALTY SALES, INC.

400001550604
-08/01/95--01063--025
****225.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**1700 S. TAMiami TRAIL
VENICE FL 34293** **P. O. BOX 142
OSPREY FL 34229-0142
US**

3. Date Incorporated or Qualified **10/31/1989** 3a. Date of Last Report **04/08/1994**
4. FEI Number **65-0153691** 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

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

9. Name and Address of Current Registered Agent
**MCNALLY, WILLIAM J
2600 PALMETTO ST
NOKOMIS FL 34275**

10. Name and Address of New Registered Agent
81 Name **MCNALLY, WILLIAM J.**
82 Street Address (P.O. Box Number is Not Acceptable) **4069 CROCKEELAKE BLVD. #2824**
83
84 City **SARASOTA** FL 85 Zip Code **34238**

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 607.0503 Florida Statutes.

SIGNATURE: *William J. McNally* DATE: **6/30/95**
(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when renewing)

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY ST ZIP
1 DP **MCNALLY, WILLIAM J** **2600 P ALMETTO ST** **NOKOMIS FL**
2 VP **MCNALLY, TODD J** **2600 PALMETTO ST** **NOKOMIS FL**
3 ST **MCNALLY, TODD J** **2600 PALMETTO ST** **NOKOMIS FL**
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE **DPS** ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME **NONE**
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 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: *William J. McNally* DATE: **2/28/95** 813-927-3322
(Signature typed or printed name of officer or director) (Date) (Telephone Number)