

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 MAR -5 AM 8:11

DOCUMENT # L79559
 1. Corporation Name
NORTHWEST FLORIDA REALTY, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business: **846 MAIN ST, CHIPLEY FL 32428, US**
 Mailing Address: **846 MAIN ST, CHIPLEY FL 32428, US**

2. Principal Place of Business (21-23)
 2a. Mailing Address (26-30)

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/08/1990**

4. FEI Number: **59-3012901** Applied For: Not Applicable:

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

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

8. This corporation owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent
**PORTER, STANLEY M
 1292 CHURCH ST
 CHIPLEY FL 32428**

81 Name
 82 Street Address (P. O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code: **FL**

10. Name and Address of New Registered Agent

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 (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	
NAME	PORTER, STANLEY M	12 NAME	
STREET ADDRESS	1292 CHURCH ST	13 STREET ADDRESS	
CITY-ST-ZIP	CHIPLEY FL	14 CITY-ST-ZIP	
TITLE	STD	21 TITLE	
NAME	PORTER, GAIL G	22 NAME	
STREET ADDRESS	1292 CHURCH ST	23 STREET ADDRESS	
CITY-ST-ZIP	CHIPLEY FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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Handwritten initials and date: 3/3/99

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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, with all other like ones.

SIGNATURE: *Stanley M Porter*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/99

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