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

CORPORATION ANNUAL REPORT

1998

STREET ADORESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000025230 (2) DOCUMENT #

GOLDEN REALTY AND APPRAISAL SERVICES, INC.

Principal Place of Business Mailing Address 3561 S PINE AVE PO BOX 6088 OCALA FL 34478 OCALA FL 34471 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>04/01/1993</u> 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-3174783 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Yes ☐ No 30 Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **GOLDEN, RICHARD R** 3581 & PINE AVE Street Address (P.O. Box Number is Not Acceptable) **OCALA FL 34471** 83 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. Stansture, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, 13. Change Addition DELETE TITLE PD 1.1 TITLE **GOLDEN, RICHARD R** NAME 1.2 NAME 9 ALMOND TRAIL 5598 NE 61st Avenue Road 1.3 STREET ADDRESS STREET ADDRESS Silver Springs, FL. **OCALA FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change ___ Addition 2.1 TITLE TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST- ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-\$T-ZIP 5.4 CITY - ST - ZIP ☐ Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental a mual 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 conformation 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 phanoid, or on any flactment with a address. Richard R. Golden

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

4/21/98

FILED

Apr 28 1998 8:00am

Secretary of State

(352) 732-0096