

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 12 PM 3: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000050069 (1)

1. Corporation Name

UTOPIA COMMERCIAL REALTY, INC.

Principal Place of Business

**560 WOODSTORK LANE
PUNTA GORDA FL 33982**

Mailing Address

**560 WOODSTORK LANE
PUNTA GORDA FL 33982**

400001455334
-04/13/95--01017--004
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

07/01/1994

4. FEI Number

65-0512430

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
223 Duncan Road

2a. Mailing Address
223 Duncan Road

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Punta Gorda, FL

Punta Gorda, FL

Zip Country

Zip Country

33982

25

33982

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALLARD, WILLIAM E
560 WOODSTORK LANE
PUNTA GORDA FL 33982**

81 Name

Allard, William E.

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

223 Duncan Road

83

Punta Gorda, FL 33982

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

William E. Allard

3-14-95

(Signature typed or printed name of registered agent and the if applicable)

(Signature typed or printed name of registered agent and the if applicable)

(DATE)

12. OFFICERS AND DIRECTORS	
TITLE	President
NAME	William E. Allard
STREET ADDRESS	223 Duncan Road
CITY, ST, ZIP	Punta Gorda, FL 33982-8426
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(3)(b), 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute the 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 E. Allard
SIGNATURE AND TYPED OR PRINTED NAME OF BORING OFFICER OR DIRECTOR
WILLIAM ALLARD

3-14-95

813-575711

SW 4-12-95