

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 609332 (2)
1. Corporation Name
NORTH FLORIDA MULTIPLE LISTING SERVICE, INC.



Principal Place of Business
214 SOUTH ALACHUA ST
LAKE CITY FL 32055

Mailing Address
214 SOUTH ALACHUA ST
LAKE CITY FL 32055

2. Principal Place of Business
21 Suite, Apt. #, etc.
City & State
Zip 32025 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
City & State
Zip 32025 Country

3. Date Incorporated or Qualified 02/08/1979
3a. Date of Last Report 01/26/1995
4. FEI Number 59-1904568
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

9. Name and Address of Current Registered Agent

CHILDS, MARY B.
214 S ALACHUA ST
LAKE CITY FL-32055

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code 32025

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 *Mary B. Childs, A.E.*

MARY B. Childs

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE
V	DYKES, RHONDA	123 E. HOWARD ST.	LIVE OAK FL	☐
P	CORRIGAN, SHARON	119 S. OHIO AVENUE	LIVE OAK FL	☐
D	SWEAT, JANET	966 W. DUVAL ST.	LAKE CITY FL	☐
D	EVANS, GAIL	1101 W. DUVAL ST.	LAKE CITY FL	☐
D	CRAPPS, DANIEL	RT. 13, BOX 1154C	LAKE CITY FL	☐
D	ADERHOLT, FAYS	ROUTE 4 BOX 617	LAKE CITY, FL 00000	☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☒ Change ☐ Addition
JOYNER, SARA	Route 13, Box 1154C	Lake City, Fl.	32055	☒
BARTHELMES, ELAINE	P. O. Box 7246	Lake City, Fl	32056	☒
WINFREY, BARBARA	966 W. Duval St.	Lake City, Fl	32055	☒
CORACI, ELAINE	Rt 14, Box 601	Lake City, Fl	32055	☒
CORRIGAN, SHARON	119 S. Ohio Ave.	Live Oak, Fl	32060	☒
MASTER, RONNIE	1101 W. Duval St.	Lake City, Fl	32055	☒

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: Elaine Barthelmes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elaine Barthelmes

904-752-4211

CR2E034 (12/95)