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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

Corporation N	IENT#	G242	03	(3)						
FLORI	da gatev	vay realty, in	IC.							
incipal Place o	f Business		M	ailing Address			I INDIAN GERE NOM HIND WANTED			
% THOMAS P BROWNING. PO BOX 655 % 30 NORTH MARION.STREET. 30				% Thomas P Browning. Po Box 655 30 North Marion.street. Lake City FL 32055		Date Incorporated or Qualified				
LAKE CITT	-L 32003			LAKE OFF TE SECON			3. Date Incorporated or Qualified 02/16/1983	1	7/20/19	995
frincipal Place of Business				Mailing Address			4. FEI Number			Applied For
			26	Suite, Apt. #, etc.			59-2439568			Not Applicable Additional
				20.10, 140.11, 0.0.			5. Certificate of Status Desired			Required
City & State			28	City & State			Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
Zφ		Country		Zφ	Cou	itry	8. This corporation has liability for		under s	199.032,
	25	d Address of Currer	29		[30]		Florida Statutes Yes 10. Name and Address of New F	No No	cont	
	9. Name an	d Address of Currer	nt Hegis	tered Agent		81 Name	IV. Name and Address of New F	iogistered A	Sour	
DDOMA.	IING, THOM	AC D					dress (P.O. Box Number is Not Acceptab	ala)		
	: KOONVILL					82 Street Add	dress (P.O. Box Number is Not Acceptac	лю)		
	4 BOX 335					83				
	ITY FL 3205					84 City			85 Zip	o Code
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute or registered agent, or both, in the State of Florida Such change was authorize familiar vith, and accept the obligations of, Section 607.0505, Florida Statutes. 								FL	1 1	
SNATURE S	ignature, typed or pr	ented name of registered agent	and title if	applicable (NO		Agent signature requir		DATE		
	PTC		and title if	applicable (NO	TE Registered	Agent signature requir	red when reinstating)	DATE ICERS AND		DRS IN 12
F	PTC BROWN	OFFICERS AN	and title if	ajiplicable (NO	IE Registered	Agent signature requir	red when reinstating)	DATE ICERS AND	DIRECTO	DRS IN 12
F E LADORESS	PTC BROWN ROUTE	OFFICERS AN ING, THOMAS P 4 BOX 335	and title if	ajiplicable (NO	18 Registered 13. 1.111 1.2 M 1.3 S1	Agent signature requir FLE ME REET ADDRESS	red when reinstating)	DATE ICERS AND	DIRECTO	DRS IN 12
F P SELADORESS SELADORESS	PTC BROWN ROUTE LAKE C	OFFICERS AN	and title if	applicative (NO DTORS	16: Registered 13. 1.1 TI 1.2 N/ 1.3 SI 1.4 Ci	Agent signature requir ILF ME REET ADDRESS Y+ST-ZIP	red when reinstating)	DATE ICERS AND	DIRECTO	DRS IN 12
E SI-7IP	PTC BROWN ROUTE LAKE CI DM	OFFICERS AN ING, THOMAS P 4 BOX 335 ITY, FL 00000	and title if	ajiplicable (NO	15: Registered 13. 1.111 1.2 N/ 1.3 SI 1.4 Ci 2.1 T/	Agent signature requirements ILE ME REET ADDRESS Y-ST-ZIP	red when reinstating)	DATE ICERS AND	DIRECTO	DRS IN 12
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F E E E E E E E E E E E E E E E E E E E	PTC BROWNI ROUTE LAKE CI DM BROWNI KOONVI	OFFICERS AN ING, THOMAS P 4 BOX 335 ITY, FL 00000 ING, THOMAS P ILLE RD.C 25 A	and title if	applicative (NO DTORS	18 Registered 13. 1.1 Til 1.2 NA 1.3 SI 1.4 Ci 2.1 Til 2.2 NA 2.3 SI	Agent signature requirements ILE ME REET ADDRESS Y-ST-ZIP ILE ME	red when reinstating)	DATE ICERS AND	DIRECTO	DRS IN 12
F ELL ADDRESS - ST-ZIP	PTC BROWNI ROUTE LAKE CI DM BROWNI KOONVI	OFFICERS AN ING, THOMAS P 4 BOX 335 ITY, FL 00000 ING, THOMAS P	and title if	applicative (NO DTORS	18 Registered 13. 1.1 Til 1.2 N/ 1.3 ST 1.4 Ci 2.1 T 2.2 N/ 2.3 ST 2.4 Ci 3.1 T	Agent signature requir FLE ME REET ADDRESS Y-ST-ZIP FLE ME REET ADDRESS (Y-ST-ZIP FLE FLE IV-ST-ZIP	red when reinstating)	DATE FICERS AND	DIRECTO	ORS IN 12 Addition Addition
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SIGNATURE: Momas & Stowning

OF SIGNING OFFICER OR DIRECTOR

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