

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90093 032 ***150.00

DOCUMENT # 160445

1. Corporation Name

REALTY INVESTMENT & RENTAL CORPORATION

Principal Place of Business

725 N. MAIN ST.
P.O. BOX 2453
GAINESVILLE FL 32602-2453

Mailing Address

725 N. MAIN ST.
P.O. BOX 2453
GAINESVILLE FL 32602-2453

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/06/1950

4. FEI Number
59-6070002

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

KEETER, ADEN
3007 S.W. 2ND CT
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

81 Name

PATRICK E. KEETER

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

2436 N.W. 27TH PLACE

83

84 City

GAINESVILLE

FL

85 Zip Code

32605

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 Patrick E. Keeter TD

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-30-99

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
STREET ADDRESS SPARKS, MINNIE L
CITY-ST-ZIP 2431 NW 41ST ST, UNIT 3213
GAINESVILLE FL

TITLE ☒ DELETE

NAME TD
STREET ADDRESS ADEN, KEETER
CITY-ST-ZIP 3007 S.W. 2ND CT
GAINESVILLE FL

TITLE ☐ DELETE

NAME VPD
STREET ADDRESS KEETER, PATRICK E
CITY-ST-ZIP 2436 NW 27TH PLACE
GAINESVILLE FL

TITLE ☐ DELETE

NAME SD
STREET ADDRESS KEETER, ROBERT A
CITY-ST-ZIP 5024 NW 27TH COURT
GAINESVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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 empowered.

SIGNATURE:

Patrick E. Keeter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

Date

(352) 371-2656

Daytime Phone #

CR2E034 (11/98)

0064105