FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 8:13

DOCUMENT # **213609** **(1)**

1. Corporation Name
NORTH FLORIDA REALTY CO

Principal Place of Business	Mailing Address
6443 LUCENTE DR. PO BOX 14657 JACKSONVILLE FL 32239	6443 LUCENTE DR. PO BOX 14657 JACKSONVILLE FL 32239

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/08/1958**
3a. Date of Last Report: **03/30/1994**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23	City & State: 28
Zip: 24 / Country: 25	Zip: 29 / Country: 30

4. FEI Number: **59-6066986** ☐ 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

9. Name and Address of Current Registered Agent

SMITH, LINDER JR.
838 RIVERSIDE AVE.
JACKSONVILLE FL 32204

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

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: _____ NOTE: Registered Agent signature required when mailing DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
OLD	PD	11 TITLE	☐ Change ☐ Addition
NEW	SIMPSON,CLYDE W	12 NAME	
STREET ADDRESS	6443 LUCENTE DR.	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	
OLD	D	21 TITLE	☐ Change ☐ Addition
NEW	SMITH,LINDNER	22 NAME	
STREET ADDRESS	4250 LAKESIDE DR	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	
OLD	S	31 TITLE	☐ Change ☐ Addition
NEW	SMITH, LINDNER	32 NAME	
STREET ADDRESS	4250 LAKESIDE DR	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	
OLD	T	41 TITLE	☐ Change ☐ Addition
NEW	SIMPSON, CLYDE W	42 NAME	
STREET ADDRESS	1705 BARNETT BK-PO 14657	43 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP	
OLD		51 TITLE	☐ Change ☐ Addition
NEW		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
OLD		61 TITLE	☐ Change ☐ Addition
NEW		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I (We) 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)(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 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: Clyde W. Simpson 3/6/95
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #
Clyde W Simpson

0400083 FP