

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 # 222392 (3)

1. Corporation Name

THE X-CLUSIVE REALTY CO INC



Principal Place of Business

1258 ST JOHNS BLUFF RD  
2985 MAYPORT RD.  
JACKSONVILLE FL 32223  
US 32225

Mailing Address

P. O. BOX 10021  
JACKSONVILLE FL 32247-0021  
US

2. Principal Place of Business

21 1258 ST JOHNS BLUFF RD

Suite, Apt. #, etc.

22 City & State  
FLA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

3. Date Incorporated or Qualified

04/09/1959

3a. Date of Last Report

03/07/1995

4. FEI Number

90-6069434

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

8. This corporation has liability for intangible tax under s. 193.032  
Florida Statutes ☒ Yes ☐ No

24 Zip Country 25 DVAAC 29 Zip Country 30

9. Name and Address of Current Registered Agent

NEWBERN, W. A SR.  
2985 MAYPORT RD.  
JACKSONVILLE FL 32223  
32225

10. Name and Address of New Registered Agent

81 Name NEWBERN, W. A. SR  
82 Street Address (P.O. Box Number is Not Acceptable)  
1258 ST JOHNS BLUFF RD  
83 JACKSONVILLE FL  
84 City JACKSONVILLE FL 85 Zip Code 32225

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 William A Newbern Sr

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

PRES.

(NOTE: Registered Agent Signature required when removing agent)

3-27-96

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	NEWBERN SR, W A	
STREET ADDRESS	2985 MAYPORT RD. 1258 ST JOHNS BLUFF RD	
CITY- ST- ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NEWBERN JR, W A	
STREET ADDRESS	12100 NORTHGAGE DR	
CITY- ST- ZIP	HUNTSVILLE AL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NEWBERN, JAY A.	
STREET ADDRESS	4743 RIVERED DR. 3342 GWINNETT PLANTATION WAY	
CITY- ST- ZIP	DULUTH GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	NEWBERN SR, W A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	1258 ST JOHNS BLUFF RD	
1.4 CITY- ST- ZIP	JACKSONVILLE FL 32225	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE	NEWBERN, JAY A.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	3342 GWINNETT PLANTATION WAY	
3.4 CITY- ST- ZIP	DULUTH GA	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 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:

William A Newbern Sr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-96 904-946.0088

DATE

Telephone

CR2E034 (12/95)