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 JAN 18 PM 4:06

DOCUMENT # **238641** **(5)**

1. Corporation Name
WARRINGTON REALTY BROKERS INC

Principal Place of Business	Mailing Address
2 EAST SUNSET AVE WARRINGTON FL 32507	2 EAST SUNSET AVE WARRINGTON FL 32507

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/20/1960**
3a. Date of Last Report: **01/25/1994**

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

4. FEI Number: **59-0904639** ☐ 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

FALCONE, SALLY C.
5585 PONTA VERDA ROAD
PENSACOLA FL 32507

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: Michael Falcone Michael Falcone 1-11-95
Signature, Type or Print Name of Registered Agent and the Date (NOTE: Required if Agent name is entered above.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVST	11 TITLE	DVT	☒ Change ☐ Addition
NAME	FALCONE, MICHAEL J	12 NAME	FALCONE, MICHAEL J.	
STREET ADDRESS	5585 PONTE VERDE RD	13 STREET ADDRESS	5585 Ponte Verde Rd	
CITY ST ZIP	PENSACOLA, FL 00000	14 CITY ST ZIP	Pensacola, FL 32507	
TITLE	PD	21 TITLE		☐ Change ☐ Addition
NAME	FALCONE, SALLY C	22 NAME		
STREET ADDRESS	5585 PONTE VERDA ROAD	23 STREET ADDRESS		
CITY ST ZIP	PENSACOLA FL 32507	24 CITY ST ZIP		
TITLE		31 TITLE	DVS	☐ Change ☒ Addition
NAME		32 NAME	Kelley, Gary R.	
STREET ADDRESS		33 STREET ADDRESS	202 E. Sunset	
CITY ST ZIP		34 CITY ST ZIP	Pensacola, FL 32507	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing 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 with an indication for a change or addition with an address.

SIGNATURE: Michael Falcone Michael Falcone VP, T. 1-14-95 904-455-7717
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0469478 FP