FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

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DOCUMENT # 282046
1. Corporation Name

(2)

DANFO	RTH REALTY, INC.						
Principa! Place	of Business	Mailing Address				ALIN DERFE RIDIT BLALF BIRIT AFRIL BIRI	
3336 S. DALE TAMPA FL 33		3336 S. DALE MABRY TAMPA FL 33629					
					3. Date Incorporated or Qualified 06/05/1964	3a. Date of Last Report 08/01/1995	
2. Principal Pla	ace of Business	2a. Mailing Address 26			4. FEI Number 59-1058749	Applied Not App	
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Addition	
City & State		City & State			Election Campaign Financing Trust Fund Contribution	□ \$5.00 May Added to Fee	
Zip 24	Country 25	Zip 29	Country 30	<i>(</i>	8. This corporation has liability for intangible tax under s 199.032 Florida Statutes ☐ Yes ☐ No		
	9. Name and Address of Curren	Registered Agent		·	10. Name and Address of New R	egistered Agent	
			81	Name			
DANFORTH, HORACE C., JR. 13532 ALPINE AVE		Street Add	dress (P.O. Box Number is Not Acceptable)				
LARGO F			83				
			84	City		FL 85 Zip Code	
or registeri	o the provisions of Sections 607.0502 ed agent, or both, in the State of Florio th, and accept the obligations of, Secti	a. Such change was authorize	ed by the corp	named corpo poration's boa	oration submits this statement for the pur ard of directors. I hereby accept the app	pase of changing its registere	d office I am
SIGNATURE _	Signature, typed or printed name of registered agent			nt sonature require	ed when re-instating)	DATE	
12.	OFFICERS AND		13.	nt agriciore respiri	ADDITIONS/CHANGES TO OFF		12
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NAME	Danforth, eva Jane		1.2 NAME				
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NAME	DANFORTH JR, HORACE C		2 2 NAME	İ			
STREET ADDRESS	13532 ALPINE AVE		23 STREET	ADDRESS			
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NAME			6.2 NAME				
STHEET ADDRESS			6.3 STREET	ADDRESS			
CiTY-ST-ZiP	u podić, that the information of the	ith thin files is any at a " . "	6.4 CITY - S		for the second s	07/0/10 6/10 0	
certify that oath; that I	, the information indicated on this annu	al report or supplemental annu ation or the receiver of trustee	ual report is tru empowered	ue and accura	for the exemption stated in Section 119, ate and that my signature shall have the his report as required by Chapter 607, Fig.	same legal effect as if made u	under

8/3-839-31