

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 18 PM 5:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 288105

(0)

1. Corporation Name

PALM REALTY INC

Principal Place of Business

P O BOX 1483
791 N HARBOR CITY BLVD
MELBOURNE FL 32902

Mailing Address

P O BOX 1483
791 N HARBOR CITY BLVD
MELBOURNE FL 32902

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1965

3a. Date of Last Report

04/21/1994

4. FBI Number

59-1091197

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

5. This corporation has liability for intangible tax under § 199.052,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

21

Suite, Apt. #, etc

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

KEELER, P J
793 N HARBOR CITY BLVD
MELBOURNE FL 32935

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

Signature of person or printed name of registered agent and title of corporation

(If 301, Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME KEELER, P J
STREET ADDRESS 793 N. HARBOR CITY BLVD
CITY ST ZIP MELBOURNE FL

TITLE SGT
NAME GOGAN, R E
STREET ADDRESS 469 WILSON AVE
CITY ST ZIP SATELLITE BEACH FL

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME KEELER, P. J.
1.3 STREET ADDRESS 1900 SHOREVIEW DR.
1.4 CITY ST ZIP INDIAN LANTIC, FL 32903
☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY ST ZIP
☐ Change ☐ Addition

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)(b), 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:

Raphael E. Gogan
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR
RAPHAEL E. GOGAN

4-12-95

Date

407-676-4733

Telephone Number