

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 293979 (1)

1. Corporation Name

PYRAMID REALTY AND MORTGAGE CORPORATION

Principal Place of Business

Mailing Address

1478 SIXTH ST. NW
WINTER HAVEN FL 33881

1478 SIXTH ST. NW
WINTER HAVEN FL 33881

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/15/1965

3a. Date of Last Report

05/01/1994

4. FEI Number

59-1086569

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLEMAN, WALTER
495 N LAKE LULU DR
WINTER HAVEN FL 33880

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, typed or printed name of registered agent and use if applicable.

(NOTE: Registered Agent signature required when re-registering)

4/26/95
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DS
NAME	COLEMAN, JEAN
STREET ADDRESS	495 N LAKE LULU DR
CITY - ST - ZIP	WINTER HAVEN, FL 00000
TITLE	VP
NAME	MARCHA, NORMA JANE
STREET ADDRESS	454 BROWARD TERR, SE
CITY - ST - ZIP	WINTER HAVEN, FL 00000
TITLE	PDT
NAME	COLEMAN, WALTER J
STREET ADDRESS	495 N LAKE LULU DR
CITY - ST - ZIP	WINTER HAVEN, FL 00000
TITLE	AS
NAME	BENT, DOROTHY F
STREET ADDRESS	1310 LAKE ELBERT DR, S
CITY - ST - ZIP	WINTER HAVEN, FL 00000
TITLE	V
NAME	WILLIAMS, JANICE A.
STREET ADDRESS	2810 KIMBERLY LANE
CITY - ST - ZIP	AUBURNDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	DELETE
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	DELETE
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Add.
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:

Signature and typed or printed name of signing officer or director

4/26/95

513-299-2151