

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Apr 15 1998 8:00am
Secretary of State

DOCUMENT # 420279 (2)

1. Corporation Name

REGAL AUCTION AND REAL ESTATE CO.



Principal Place of Business

Mailing Address

4506 SOUTH FLORIDA AVENUE
LAKELAND FL 33813-2100

4506 SOUTH FLORIDA AVENUE
LAKELAND FL 33813-2100

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/02/1973

4. FEI Number

59-1447407

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 4510 SOUTH FLORIDA AVE

2a. Mailing Address

26 4510 SOUTH FLORIDA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

23 LAKELAND, FL 33813

Zip

Country

24

25

27

City & State

28 LAKELAND, FL 33813

Zip

Country

29

30

9. Name and Address of Current Registered Agent

HOFFMAN, L K
4506 S FLA AVENUE
LAKELAND FL 33803

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ST
NAME HOFFMAN, BARBARA
STREET ADDRESS 4506 SOUTH FLORIDA AVE
CITY-ST-ZIP LAKELAND, FL 00000

TITLE PD
NAME HOFFMAN, L K
STREET ADDRESS 4506 SOUTH FLORIDA AVE
CITY-ST-ZIP LAKELAND, FL 00000

TITLE ASV
NAME BEAM, GREGORY
STREET ADDRESS 2434 E MAGNOLIA ST
CITY-ST-ZIP LAKELAND FL

TITLE VP
NAME BELCHER, JUDY H.
STREET ADDRESS 633 VICOTRIA SQUARE LANE
CITY-ST-ZIP LAKELAND FL

TITLE VP
NAME SEARL, LOIS Q.
STREET ADDRESS 8315 WOODHAVEN
CITY-ST-ZIP LAKELAND FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP
1.2 NAME HOFFMAN, BARBARA
1.3 STREET ADDRESS 4510 SOUTH FLORIDA AVENUE
1.4 CITY-ST-ZIP LAKELAND, FL 33813

2.1 TITLE PDST
2.2 NAME HOFFMAN, L K
2.3 STREET ADDRESS 4510 SOUTH FLORIDA AVE
2.4 CITY-ST-ZIP LAKELAND, FL 33813

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

L K Hoffmann

4-7-98

CP2E034 (10/97)