

FILED  
Feb 10 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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### 1. Corporation Name

**DINKINS REALTY, INC.**

Principal Place of Business

Mailing Address

101 NE 16TH AVENUE  
OCALA FL 34470  
IIS

101 NE 16TH AVENUE  
OCALA FL 34470-6904  
US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/18/1974		3a. Date of Last Report 04/20/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 63-0668181		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Zip	25	Country	30. Zip		Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WORLEY, JANET 101 NORTHEAST 16TH AVENUE OCALA FL 34470				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 reinstalling.]

DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1.1 TITLE	
NAME	WORLEY, JANET, C	1.2 NAME	
STREET ADDRESS	101 NE 18TH AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	OCALA FL	1.4 CITY - ST - ZIP	
TITLE	P	2.1 TITLE	
NAME	DINKINS, BRADFORD L.	2.2 NAME	
STREET ADDRESS	101 NE 18TH AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	OCALA FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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:**

Janet Worley Janet Worley Sec/Treas 2/3/97 352-732-4464

CR2E034 (9/96)