NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
NNUAL REPORT
1995

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

APPROVED
AND
FILED

95 APR 25 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-04/28/95--01028--016
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

CUMENT # **460249** **(6)**
oration Name

DIAC REALTY OF LEE COUNTY, INC.
Zodiac Realty of Lee County, Inc.

Principal Place of Business	Mailing Address
1915 SE 13th Terrace SE 13TH TERRACE O. BOX 81 (ZIP 33910) - P.O. Box 81 PE CORAL FL 33990	1915 SE 13TH TERRACE P. O. BOX 81 (ZIP 33910) CAPE CORAL FL 33990

3. Date Incorporated or Qualified: 08/28/1974	3a. Date of Last Report: 05/12/1994
4. FEI Number: 59-1548222	☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

STEPHENSON, LILLIAN
1915 SE 13TH TERRACE
CAPE CORAL FL 33904

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: Lillian R. Stephenson — 4/12/95
Signature, type or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	☐ Change ☐ Addition
NAME	STEPHENSON, LILLIAN R.	12 NAME	
STREET ADDRESS	1915 SE 13TH TERRACE	13 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	14 CITY-ST-ZIP	
TITLE	VSD	21 TITLE	☐ Change ☐ Addition
NAME	STEPHENSON, WILLIAM A	22 NAME	
STREET ADDRESS	1915 SE 13TH TERRACE	23 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: Lillian R. Stephenson — 4/12/95 — 813-574-5761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

LILLIAN R. STEPHENSON

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