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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1996

462908 **DOCUMENT #**

(5)

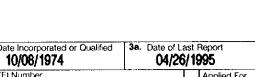
PAULY REALTY, INC.

Principal Place of Business

Mailing Address

866 97TH AVE. N.

866 97TH AVE. N.



NAPLES FL 3	33963	NAPLES FL 33963					
					3. Date Incorporated or Qualified 10/08/1974	3a. Date of L 04/20	ast Report 3/1995
2. Principal Pla	ace of Business	28. Mailing Address			4. FEt Number		Applied For
21		26			59-1559949		Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution		55.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Countr 30	у	8. This corporation has liability for in Florida Statutes Yes		ders 199.032,
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New R	egistered Agei	nt
			8.	Name			
	Judith K. Blacksmith Forge		8:	Street Ad	dress (P.O. Box Number is Not Acceptab	le)	
	FL 33928		8:	3			
			84	City		FL B	Zip Code
SIGNATURE	h, and accept the obligations of Sec Signature, typed it printed name of registered agen	t and the if apply able (N	O1E: Registered Ag	ICK ent signature requ	R. Pouly Prus And when reinstating! ADDITIONS/CHANGES TO OFFI	DATE	8-94
12.		D DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIR	
TITLE	STD Pauly, Judith K	[] pereir	1. 1 TITLE				ange LI Addition
NAME	20879 BLACKSMITH FORGE		1.2 NAME				
STREE! ADDRESS	ESTERO FL.		1.3 STRE	I ADDRESS			
CHY-SI-ZIP TITLE	D	☐ DELETE	2 1 11/16		PRESIDENT	CH	nange Addition
NAME	PAULY, FREDRICK	 · · ·	22 NAME				
STREET ADDRESS	20879 BLACKSMITH FORGE			T ADDRESS	Pauly, Fredrick 20879 Blackshith	FORGE	
CITY-ST-ZIP	ESTERO FL		2.4 CITY	ST-ZIP	TSTERO FL		
TITLE	P	▼ DELETE	3 1 TITLE			□ Cr	nange 🔲 Addition
NAME	PAULY, JUDITH K.		3 2 NAME				
STREET ADDRESS	20879 BLACKSMITH FORGE		3.3. STRE	ET ADDRESS			
CITY - ST - ZIP	ESTERO FL		3.4 CITY				
TITLE		DELETÉ	4. 1 TITLE			Ct	nange
NAME			4.2 NAME				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP		EJ DELETE	4.4 CITY			F1 C	nange Addition
TITLE		☐ DELETE	5. 1 TITU	1			mange LI receitors
NAME			5 2 NAME				
STREET ADDRESS				ET ADDRESS			
CHY-ST-ZIP		DELETE	5.4 CITY - 6.1 TiTL1				nange [7] Addition
TITLE		[Detecte	6 2 NAM6			ָט ט	
NAME							
STREET ADDRESS	1		63 STRE	ET ADDRESS			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quelify 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 cath; 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.

64 CITY-ST-ZIP

SIGNATURE:

Fredrick R. Pauly Fredrick R. Pauly 4-18-46

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR