FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # 473712 (8)

1. Corporation Name

COUNTY-WIDE REALTY, INC.

Principal Place of Business
1613 ST ANDREWS BLVD.
PANAMA CITY FL 32405

Mailing Address
1613 ST ANDREWS BLVD.
PANAMA CITY FL 32405

3. Date Incorporated or Qualified: 04/07/1975
3a. Date of Last Report: 04/20/1995
4. FEI Number: 59-1591530 ☐ 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
21 2911 S. Hwy. 77
Suite, Apt. #, etc
22
City & State
23 Lynn Haven, FL
Zip 24 32444 Country 25 USA

2a. Mailing Address
26 2911 S. Hwy. 77
Suite, Apt. #, etc
27
City & State
28 Lynn Haven, FL
Zip 29 32444 Country 30 USA

9. Name and Address of Current Registered Agent

BLUE, ROB, JR.
303 MAGNOLIA AVENUE
PANAMA CITY FL 32401

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	S	☐ DELETE
NAME	ATKINSON, LISA S	
STREET ADDRESS	1322 COUNTRY CLUB DR.	
CITY-ST-ZIP	LYNN HAVEN FL	
TITLE	PD	☒ DELETE
NAME	SHAW, WILLIAM E.	
STREET ADDRESS	1204 CAROLINA AVE	
CITY-ST-ZIP	LYNN HAVEN FL	
TITLE	VD	☐ DELETE
NAME	SHAW, WILLIAM E JR.	
STREET ADDRESS	700 MISSISSIPPI AVE.	
CITY-ST-ZIP	LYNN HAVEN FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/S	☒ Change ☐ Addition
1.2 NAME	Lisa Shaw Atkinson	
1.3 STREET ADDRESS	1322 Country Club Dr.	
1.4 CITY-ST-ZIP	Lynn Haven, FL 32444	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
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		
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 ☐ Addition
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] Lisa S. Atkinson 4/30/96 (904) 763-4300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Date · Daytime Phone #

CR2E034 (12/95)