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Apr 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 474003

(1)

1. Corporation Name
FLORIDA CONTINENTAL REALTY, INC.

Principal Place of Business
1621 PARADISE LANE
ASTOR FL 32102

Mailing Address
1621 PARADISE LANE
ASTOR FL 32102-7947



3. Date Incorporated or Qualified 04/14/1975
3a. Date of Last Report 05/22/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-1586393

Applied For

Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOUSE, JOHN D., JR
1621 PARADISE LANE
ASTOR FL 32102

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

Sign and type or print 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 P ☐ DELETE

11 TITLE ☐ Change ☐ Addition

NAME HOUSE, JOHN D JR
STREET ADDRESS 1621 PARADISE LANE
CITY- ST- ZIP ASTOR FL 32102

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

TITLE ST ☐ DELETE

21 TITLE ☐ Change ☐ Addition

NAME HOUSE, VIRGINIA J
STREET ADDRESS 1621 PARADISE LANE
CITY- ST- ZIP ASTOR FL

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

TITLE ☐ DELETE

31 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

TITLE ☐ DELETE

41 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

TITLE ☐ DELETE

51 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

TITLE ☐ DELETE

61 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

62 NAME

63 STREET ADDRESS

64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-97 904-249-1652

Date

Daytime Phone

CR2E034 (9/96)