FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

806 N.WILLIAMS ST.



appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 479824

(5)

Mailing Address 806 N.WILLIAMS ST.

FIRST REALTY OF DUNNELLON, INC.

FILED Mar 26 1997 8:00am Secretary of State



	iL 32630	DUNNELLON FL 34430-00	300	3. Date Incorporated or Qualified 06/27/1975	3a. Date of Last Report 02/23/1996
2 Dringing! D	lano al Rusinece	2a. Mailing Address		4, FEI Number	<u> </u>
2. Principal Place of Business 21 11383 N. Williams St		26 PO, BOX 300		59-1630602	Applied For Not Applicable
ב מעלקעוני Suite, Apt	# etc. Williams OF	Suite, Apt. #, etc.	<u> </u>		60.75
22		27		5. Certificate of Status Desired	Fee Required
CNV & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Duna	ellon FZ 34430	28		Trust Fund Contribution	Added to Fees
Zφ	Gountry	Zip	Country	8. This corporation has liability for i	ntangible tax under s. 199.032,
24	25	29	30		Yes No
	Name and Address of Curren	l Registered Agent		10. Name and Address of New Re	gistered Agent
SMI	TH, CHARLES J.		81 Name		
390	BLUE RUN DRIVE		82 Street Add	dress (P.O. Box Number is Not Acceptab	le)
DUN	INELLON FL 32630		963	154) 190 = NVe	Road
			B3		
					[and 2: 0.4
			B4 City	nnallan	FI 85 49/224 0
11. Parsuant	to the previsions of Sections 607.0502	2 and 607,1508, Florida Statu	ites, the above-named co	progration submits this statement for the p	urpose of changing its registered
office or r	egistered from on both in the state	of Florida, Such change was	authorized by the corpora	orporation submits this statement for the pation's board of directors. I hereby accept	t the appointment as registered
agent. Fa	in ramiliar with, and accept the obliga		Florida Statutes.		3/22/20
SIGNATURE	Signature Typica or programme of migratined agen	nt and title if applicable (NO	TE: Registered Agent signature regi	uired when reinstating)	TIATE
12.	OFFICERS AND		T 13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
THUE	PDS	DELETE.	1.1 TITLE		Change Addition
	1				
MALJE	PORTER, PATRICIA A		12 NAME	PORTER, PATRICIA A	1
NAME CARSEL ADDRESS	PORTER, PATRICIA A 11551 CAMP DR., P.O. BOX 3	36	12 NAME	PORTER, PATRICIA A	
STREET ADDRESS	11551 CAMP DR., P.O. BOX 3	36	1.3 STREET ADDRESS	3388 W ALFALFIA, I	PO BOX 336
STREET ADDRESS CHY-51-74			1.3 STREET ADDRESS 1.4 City - St - Zip		PO BOX 336
STREET ADDRESS CHY-ST-ZIF THLE	11551 CAMP DR., P.O. BOX 3	36	1.3 STREEY ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	3388 W ALFALFIA, I	PO BOX 336
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OFFICER OR DIRECTOR