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

**CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(8)

**NEW SOUTH REALTY, INC.** 

**FILED** Apr 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						IJBA BIBAJ DIBAJ B	IB40 KIB11 OFBO1	( <b>V</b> IBII INCI	
1112 W MAIN ST UNIT 1-5 LEESBURG FL 34748 US		P. O. BOX 491113 P.O. BOX 49-1113 LEESBURG FL 34749-1113 US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified					
					07/02/1975				
	ace of Business	2a. Mailing Address			4. FEI Number		<del></del>	plied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			59-1602974		\$8.75 A	t Applicable	
22		· —	27				Fee Re		
City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be			
23		28			Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Coun	try	8. This corporation owes or has p	_		(	
24	25 29 30 30 9. Name and Address of Current Registered Agent		30	Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent					
TIJ/		ent Hegistered Agent		Name	10. Name and Address of New F	egistereu A	gent		
THOMAS, JOHN L II 216 EAST JACKSON STREET						777			
	LANDO FL			Street Add	ress (P.O. Box Number is Not Accept	able)		,	
<b>V</b>	- 1100		8	33		<del></del>			
			-	34 City			85 Zip C	Code	
						<u>FL</u>	1 .		
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obt	te of Florida. Such change was:	authorized	by the corpora	poration submits this statement for the tion's board of directors. I hereby acc	purpose of o ept the appo	changing its intment as	s registered registered	
SIGNATURE									
	Signature, typed or printed name of registered a	-,,	13.	Agent signature requi	red when reinstating)  ADDITIONS/CHANGES TO OFF	DATE	DIRECTOR	S IN 12	
12. TITLE	OFFICERS AND DIRECTORS  DELETE		1.1 TiTL	E	ADDITIONO/OFFICIALES TO OFF		Change	Addition	
NAME	BRAXTON, NORTON O		1.2 NAN						
STREET ADDRESS	9541 SILVER LAKE DR.		1.3 STR	EET ADDRESS					
CITY-ST-ZIP	LEESBURG FL		1.4 CITY-ST-ZIP						
TITLE	DELETE		2.1 TITL	E		ļ	Change	Addition	
NAME			2.2 NAME						
STREET ADDRESS				EET ADDRESS		.* "			
CITY-ST-ZIP TITLE	☐ DE		2. 4 CITY - ST - ZIP 3.1 TITLE				Change	Addition	
NAME	☐ DETERE		3.2 NAN			•			
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP				Y-ST-ZIP					
TITLE		DELETE	4.1 TITL	E			Change	☐ Addition	
NAME			4. 2 NA	ME					
STREET ADDRESS			4.3 STR	EET ADDRESS					
CITY-ST-ZIP	<del></del>	Declere	_	/-ST-ZIP			Change	Addition	
TITLE		☐ DELETE	5 1 THTU			l	T CHAIRR	C) MODITION	
NAME PERFET ADDRESS			5.2 NAA 5.3 STB	EET ADDRESS				}	
STREET ADDRESS				(-ST-ZIP					
CITY-ST-ZIP TITLE		5.4 DELETE 6.1					Change	Addition	
NAME			6.2 NAM						
STREET ADDRESS			6.3 STR	EET ADDRESS					
CITY-ST-ZIP				r-st-zip					
44 I haraby o	santification the interpolation occurried	with this filips done not qualify t	or the ever	nntion stated in	Section 119 07/3\(i) Florida Statutes	1 further cor	uty that the	Intormation	

Increasy certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatio 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 il changed, or on an attachment with an address.