

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

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Jan 29 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 # 488575 (2)

1. Corporation Name
ST. ANDREWS REALTY, INC.

Principal Place of Business

Mailing Address

P.O. BOX 3375
LITTLE ROCK AR 72202

P.O. BOX 3375
LITTLE ROCK AR 72203-3375



3. Date Incorporated or Qualified 10/28/1975
3a. Date of Last Report 02/26/1996

2. Principal Place of Business 21 11001 Executive Center Dr.
Suite, Apt. #, etc. 22
2a. Mailing Address 26
Suite, Apt. #, etc. 27

City & State 23 Little Rock, Arkansas
Zip 24 72211 Country 25 USA
City & State 27
Zip 28 Country 29

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AYCOCK, LYNDA
1 INDEPENDENT DR
3000 INDEPENDENT SQUARE
JACKSONVILLE FL 32202

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 Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWETH, ROBERT W.	1.2 NAME	
STREET ADDRESS	2800 CANTRELL RD.	1.3 STREET ADDRESS	11001 Executive Center Drive
CITY-ST-ZIP	LITTLE ROCK AR	1.4 CITY-ST-ZIP	Little Rock, Arkansas 72211
TITLE	VSD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUMENY, MARCEL J.	2.2 NAME	
STREET ADDRESS	2800 CANTRELL RD.	2.3 STREET ADDRESS	11001 Executive Center Drive
CITY-ST-ZIP	LITTLE ROCK AR	2.4 CITY-ST-ZIP	Little Rock, Arkansas 72211
TITLE	VD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCONNELL, JOHN	3.2 NAME	
STREET ADDRESS	2800 CANTRELL RD.	3.3 STREET ADDRESS	11001 Executive Center Drive
CITY-ST-ZIP	LITTLE ROCK AR	3.4 CITY-ST-ZIP	Little Rock, Arkansas 72211
TITLE	AS	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, WILLIAM J.	4.2 NAME	
STREET ADDRESS	2800 CANTRELL RD.	4.3 STREET ADDRESS	11001 Executive Center Drive
CITY-ST-ZIP	LITTLE ROCK AR	4.4 CITY-ST-ZIP	Little Rock, Arkansas 72211
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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] DATE: [Date] Daytime Phone: [Phone Number]