

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

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Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **489072** (9)

1. Corporation Name
REGAS REALTY, INC.

Principal Place of Business

Mailing Address

~~██████████~~
██████████
JACKSONVILLE FL 32206
US

~~██████████~~
██████████
JACKSONVILLE FL 32206-4402
US

2. Principal Place of Business

2a. Mailing Address

21 **5026 Plymouth Street**

26 **5026 Plymouth Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **No. 1**

27 **No. 1**

City & State

City & State

23 **Jacksonville, FL**

28 **Jacksonville, FL**

Zip

Country

Zip

Country

24 **32205-0901** 25 **Duval**

29 **32205-0901** 30 **Duval**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REGAS, EVAN
~~1010 N. MAIN ST.~~ **5026 Plymouth St. No.1**
JACKSONVILLE FL 32206 5

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
5026 Plymouth St., No. 1

83

84 City

Jacksonville,

FL

85 Zip Code
32205

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 **Evan Regas, President**

(Signature type for printed name of registered agent and title if applicable)

(NOTE: Registered Agent Signature required when reinstating)

DATE

4-14-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PSD** ☐ DELETE
NAME **REGAS, EVAN**
STREET ADDRESS ~~1010 N. MAIN ST.~~ **5026 Plymouth St., No. 1**
CITY-STATE-ZIP **JACKSONVILLE FL**

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

5026 Plymouth St., No. 1

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 amendment with an address.

SIGNATURE:

Evan Regas

Evan Regas

Date

4-14-97

904/378-0656

(Signature and typed or printed name of signing officer or director)

CR2E034 (9/96)