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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

REGAS REALTY, INC.

FILED	
May 14 1998 8:00an	n
Secretary of State	



Principal Place of Business Mailing Address					1 120(1) 2101	
TRANSLOW AND SAME TO THE TENED OF THE SAME AND S						
JACKSONVILLE FL 323650807K 32254		#1 Jacksonville fix <b>32053889</b> 32254		DO NOT WRIT	TE IN THIS SPACE	
JACKSONVILLE PL 32389CNOK 32234 JACKSONVILLE   US			NO CONTROL DE LE CONTROL DE LA		3. Date Incorporated or Qualified	
1		••			11/01/1975	
	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21 3143	Waller Street	26 3143 Wall	er Si	treet	59-1638607	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State	6	City & State			6. Election Campaign Financing	\$5.00 May Be
23 Jack	sonville, Florida	28 Jacksonvil	le, l	florida	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Count	•	8. This corporation owes or has p	paid the current year Intangible
24 3225			30 U	SA	Personal Property Tax due Jur	
	9. Name and Address of Current I	Registered Agent		<del> </del>	10. Name and Address of New F	Registered Agent
RE	gas, evan		8	Name		
50	<b>29.PLYMOUTIKSTMO</b> XIX 314 CKSONVILLE FLX <b>3220</b> 8 3225	3 Waller St.	8:	2 Street Addir	ess (P.O. Box Number is Not Accept	able)
JA	CKSONVILLE FLX38208: 3225	4			· · · · · · · · · · · · · · · · · · ·	
			8:	3		
			8	City	,	85 Zip Code
		LOCALISON EL LI ALLA		J		FL 189 Zap code
office or r	to the provisions of Sections 607.0502 in egistered agent, or both, in the State of im familiar with, and accept the obligation	and 607,3508, Florida Statute f Florida Such change was a ons of Socion 607,0505, Flori	is, the abo uthorized b ride Statuti	ve-named corp by the corporat	ion's board of directors. I hereby acc	ept the appointment as registered
SIGNATURE	art learning with and accopy the obligation	ons of, accitor 657,0000, 110	iou clatur	JO.		
	Signature, typed or printed name of registered agent		<u></u>	gent signature requir	ed when reinstaling)	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	
TITLE	PSD	☐ DELETE	1.1 TITLE	- 1		Change Addition
NAME	REGAS, EVAN	01/0 ** 11 0	1.2 NAM8	I		
STREET ADDRESS	NOMEK PLYNNOUTEK STYDOKÍK		t. 1.3 STREE	ET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 3225		1.4 CITY			
TITLE		DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME			2.2 NAME	:		
STREET ADDRESS			2.3 STREE	T ADDRESS		
CITY-ST-ZIP			2. 4 CITY			
TITLE		☐ DELETE	3.1 TITLE	1		Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	T ADDRESS		
CITY-ST-ZIP			3.4. CITY			
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAM	E		1
STREET ADDRESS			4.3 STREE	T ADDRESS		ļ
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	4.4 CITY		·	
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			İ
STREET ADDRESS			5.3 STRE	ET ADDRESS		
CITY-ST-ZIP			5.4 CITY	ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			ļ
STREET ADDRESS			6.3 STRE	ET ADDRESS		
CITY-ST-ZIP			6.4 CITY	ST-ZIP		

14. I 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.

904/378-0656

904/ 378-0656