FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 14 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 517421 (4)

1. Corporation Name
EAST PASCO MULTIPLE LISTING SERVICE, INC.

Principal Place of Business	Mailing Address
5026 7TH STREET ZEPHYRHILLS FL 33540 US	5026-7TH ST. ZEPHYRHILLS FL 33540 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/28/1976
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 59-1755413 ☐ Applied For ☐ Not Applicable

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

BREWER, KATHERINE M.
~~5001 GAIL BLVD.~~ 5801 Gall Blvd.
ZEPHYRHILLS FL 33541

10. Name and Address of New Registered Agent

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 signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☒ Change ☐ Addition
NAME	BREWER, KATHERINE M.	1.2 NAME		
STREET ADDRESS	~~5001 GAIL BLVD.~~	1.3 STREET ADDRESS	5801 Gall Blvd.	
CITY-ST-ZIP	ZEPHYRHILLS, FL 00000	1.4 CITY-ST-ZIP		33541
TITLE	S	2.1 TITLE	S	☒ Change ☐ Addition
NAME	~~REUTIMANN, JEFFREY~~	2.2 NAME	Susan Sanders	
STREET ADDRESS	~~7025 FT. KING HWY.~~	2.3 STREET ADDRESS	5610 6th Street	
CITY-ST-ZIP	~~ZEPHYRHILLS, FL 00000~~	2.4 CITY-ST-ZIP	Zephyrhills, FL	33541
TITLE	T	3.1 TITLE		☒ Change ☐ Addition
NAME	LEACH, NORMAN	3.2 NAME		
STREET ADDRESS	37422 HWY. 54 W.	3.3 STREET ADDRESS		
CITY-ST-ZIP	ZEPHYRHILLS, FL ~~00000~~	3.4 CITY-ST-ZIP		33541
TITLE	~~D~~	4.1 TITLE	VP	☒ Change ☒ Addition
NAME	HAUFF, LINDA	4.2 NAME		
STREET ADDRESS	614 S. 7TH ST.	4.3 STREET ADDRESS		
CITY-ST-ZIP	DADE CITY FL	4.4 CITY-ST-ZIP		33525
TITLE	~~P~~	5.1 TITLE		☒ Change ☐ Addition
NAME	~~LEACH, NORMAN~~	5.2 NAME		
STREET ADDRESS	~~37422 HWY 54W~~	5.3 STREET ADDRESS		
CITY-ST-ZIP	~~ZEPHYRHILLS FL~~	5.4 CITY-ST-ZIP		
TITLE	~~T~~	6.1 TITLE		☒ Change ☐ Addition
NAME	~~CARVER, JOYCE~~	6.2 NAME		
STREET ADDRESS	~~38105 19TH AVE~~	6.3 STREET ADDRESS		
CITY-ST-ZIP	~~ZEPHRHILLS FL~~	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Norman A Leach 3/10/95 813-782 7971
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #