

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 2:31

DOCUMENT # 524295 (3)

1. Corporation Name

MARK BANE REALTY, INC.

Principal Place of Business

Mailing Address

✓ 2111 N. MONROE
P. O. BOX 3829
TALLAHASSEE FL 32315

2111 N. MONROE ✓
P. O. BOX 3829
TALLAHASSEE FL 32315

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/21/1977

3a. Date of Last Report

04/11/1994

4. FEI Number

59-1718924 ✓

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. This corporation has liability for intangible tax under S. 193.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

✓ BANE, MARK C JR
2111 N. MONROE
TALLAHASSEE FL 32315

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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
DPV
BANE, MARK C. JR.
3007 BROOKMONT DR 4229 BAY POINT RD
TALLAHASSEE FL Panama City FL
to the above address. Every one has
to use a mail box, which is
Station BAY POINT
PO BOX 27633
Panama City, FL 32411-7633
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
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TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

1 1 TITLE
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY, ST, ZIP
2 1 TITLE
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY, ST, ZIP
3 1 TITLE
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY, ST, ZIP
4 1 TITLE
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY, ST, ZIP
5 1 TITLE
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY, ST, ZIP
6 1 TITLE
6 2 NAME
6 3 STREET ADDRESS
6 4 CITY, ST, ZIP
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition

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:

SIGNATURE AND PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

4/7/95

904 235-8893