**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 609332

NORTH FLORIDA MULTIPLE LISTING SERVICE, INC.

Principal Place of Business	Mailing Address		
214 SOUTH ALACHUA ST LAKE CITY FL 32025 US	214 South Alachua St Lake City FL 32025 US		
2. Principal Place of Business	2a. Mailing Address		

## **FILED** Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90262 032 \*\*\*150.00



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Principal Place	e of Business	Mailing Address		•	
214 SOUTH ALA		214 SOUTH ALACHUA ST		•	
LAKE CITY FL	32025	LAKE CITY FL 32025		DO NOT WRITE IN THI	IS SDACE
US US					
				3. Date Incorporated or Qualifed	ì
				02/08/1979	
2. Principal Pl	lace of Business	2a. Mailing Address	`	4. FEI Number	Applied For
21	_	26		<u>59-19045</u> 68	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Castos Boomed	Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year I	ntangible
24	25	29 3	<u> </u>	Personal Property Tax.	ØYes □No
24]	9. Name and Address of Cur		<u> </u>	10. Name and Address of New Registered	d Agent
<del></del>	g, france and modern or our		81 Name		
CHII	.DS, MARY B.		//\	drien M Blanchard	<u> </u>
	S ALACHUA ST		82 Street Ad	didae (i	ļ
1 17	E CITY EL 320EK		4/	4 S. Alsohua St.	
LANC	E CITY FL 32055		83		{
	The second second		84 City		85 Zip Code
	All the second of the second			Lake City F	L   32025
11. Pursuant 1	to the provisions of Sections 607.	0502 and 607.1508, Florida Statutes	, the above-named cor	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app	of changing its registered
office or re	egistered agent, or poth in the Sta	ate of Florida. Such change was auti	norized by the corpora	tion's board of directors. I hereby accept the app	ointment as registered
agent. I a	m terrillar with, and accept ne ob	agations of, Section 607 0505, Florid	a Statutes.	1 source and alle	66
SIGNATURE	Marlan 2	Harling As	SOCIATION	U EXECUTIVE 4/26/9 irod when reinstating)  DATE	99
	Signature, speed or printed range of registered	ALCONO LINES	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12.	THE STREET	X DELETE		P	Change A Addition
TITLE	VP	Z OCCC		ORACI, ELAINE	
NAME	MASTERS, RONNIE		1.2 NAME	OKUCI PERTUE	
	•		E in a		
STREET ADORESS	RTA13 BOX 1054			T 20 BOX 845	}
STREET ADORESS CITY-ST-ZIP	•				
	RTA13 BOX 1054	☐ DELETE		T 20 BOX 845	☐ Change ☐ Addition
CITY-ST-ZIP	RTA13 BOX 1054 LAKE CITY FL 32055	☐ DELETE	1.4 CITY-ST-ZIP L.	T 20 BOX 845	☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME	RTA13 BOX 1054 LAKE CITY FL 32055 D LEE, MARIE	☐ DELETE	1.4 CITY-ST-ZIP L. 2.1 TITLE	T 20 BOX 845	☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	RTA13 BOX 1054 LAKE CITY FL 32055 D LEE, MARIE 123 E HOWARD ST	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	T 20 BOX 845	☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	RTA13 BOX 1054 LAKE CITY FL 32055 D LEE, MARIE 123 E HOWARD ST LAKE CITY FL 32060	☐ DELETE	1.4 CITY-ST-ZIP L. 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	T 20 BOX 845	☐ Change ☐ Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	RTA13 BOX 1054 LAKE CITY FL 32055 D LEE, MARIE 123 E HOWARD ST LAKE CITY FL 32060 D ROGERS, MARIA 1101 W DUVAL ST		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	T 20 BOX 845	
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CITY-ST-ZIP. LAKE CITY FL 32055 14. 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, with all other like empowered.

**SIGNATURE:**