

DOCUMENT # 616661

INMAN REALTY, INC.

13398 N. HIGHWAY 19  
P.O. BOX 5007  
SALT SPRINGS FL 32134

107 NE FIRST AVE  
OCALA FL 34470-6655  
US

Suite, Apt. #, etc.

City &amp; State

Country

4. FEI Number 59-1899881

Applied For  
Not Available

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

**7. Name and Address of New Registered Agent**

INMAN, GEORGE SR  
11398 N. HIGHWAY 19  
SALT SPRINGS FL 32134

Street Address (P.O. Box Number is Not Acceptable)

5 Caribou Lane  
Deertree Hills

City  
Tallahassee

FL

Zip Code  
32304

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.**

**\$5.00** May Be  
Added to Fees

**12.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	INMAN, GEORGE H., SR.	
STREET ADDRESS	11398 N. HWY 19	
CITY-ST-ZIP	SALT SPRINGS FL	

TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	5 Caribou Lane		
STREET ADDRESS	Deertree Hills		
CITY-ST-ZIP	Tallahassee FL	32304	

TITLE	S	<input type="checkbox"/> Delete
NAME	INMAN, GEORGE H., SR.	
STREET ADDRESS	11398 N. HWY 19	
CITY-ST-ZIP	SALT SPRINGS FL	

TITLE	5 Caribou Lane	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Deertree Hills		
STREET ADDRESS	Tallahassee FL		
CITY-ST-ZIP	32304		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURÉ:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George Inman, Sr.

Date \_\_\_\_\_

352) 685-313

Daytime Phone #