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Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90005 040 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 688348

1. Corporation Name

REALTY FAIR CORPORATION

Principal Place of Business

% JAMES TIMOTHY O'RILEY
10562 ST AUGUSTINE ROAD
JACKSONVILLE FL 32257-1168

Mailing Address

% JAMES TIMOTHY O'RILEY
10562 ST AUGUSTINE ROAD
JACKSONVILLE FL 32257-1168

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/19/1980

4. FEI Number

59-2107705

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

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 9506 Hood Rd.

Suite, Apt. #, etc.

22 Suite 3

City & State

23 Jacksonville, FL

Zip

24 32257

25 U.S.A.

2a. Mailing Address

26 9506 Hood Rd.

Suite, Apt. #, etc.

27 Suite 3

City & State

28 Jacksonville FL

Zip

29 32257

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

O'RILEY, JAMES TIMOTHY
10562 ST AUGUSTINE ROAD
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name O'Riley, James Timothy

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

9506 Hood Rd

83 Suite # 3

84 City

Jacksonville

FL

85 Zip Code

32257

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

TITLE PDV ☐ DELETE

NAME O'RILEY, JAMES TIMOTHY
STREET ADDRESS 10562 ST AUGUSTINE RD
CITY-ST-ZIP JACKSONVILLE FL

TITLE ST ☐ DELETE

NAME O'RILEY, LINDA G.
STREET ADDRESS 10562 ST AUGUSTINE RD
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change

☐ Addition

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 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:

James T. O'Riley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/99 (904) 268-1313

Date

Daytime Phone #

CR2F034-11198