FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 PM 1:30

DOCUMENT # 721180 (8)

1. Corporation Name
CLAY COUNTY ASSOCIATION OF REALTORS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1409 KINGSLEY AVE., BLDG 2 P O BOX 1715 ORANGE PARK FL 32073 US	X 1409 KINGSLEY AVE., BLDG 2 P O BOX 1715 ORANGE PARK FL 32073 US

3. Date Incorporated or Qualified: 06/16/1971
3a. Date of Last Report: 04/11/1994
4. FEI Number: 59-1844039 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 1409 KINGSLEY AVENUE BLDG2	26 1409 KINGSLEY AVE BLDG 2
Suite, Apt. #, etc. 22 BLDG 2	Suite, Apt. #, etc. 27 BLDG 2
City & State 23 ORANGE PARK FL	City & State 28 ORANGE PARK FL
Zip 24 32073 Country 25 USA	Zip 29 32073 Country 30 USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FULLER, BARRY J. 2301 PARK AVE, STE 404 ORANGE PARK FL 32073	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	PRESIDENT- P/D	☒ Change ☐ Addition
NAME	KILNER, DIANE	1.2 NAME	HARRIS, RAYMOND	
STREET ADDRESS	1733 PACE ISLAND TRACE	1.3 STREET ADDRESS	1246 KINGSLEY AVE	
CITY-ST-ZIP	ORANGE PARK FL	1.4 CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	PE	2.1 TITLE	PE	☒ Change ☐ Addition
NAME	RAYMOND, HARRIS	2.2 NAME	WEAVER, DEAN	
STREET ADDRESS	1246 KINGSLEY AVE	2.3 STREET ADDRESS	2739 BLANDING BLVD	
CITY-ST-ZIP	ORANGE PARK FL	2.4 CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	T	3.1 TITLE	T/D	☐ Change ☐ Addition
NAME	GRANT-KNAUSS, GAIL	3.2 NAME	GRANT-KNAUSS, GAIL	
STREET ADDRESS	550 WELLS RD, STE A-3	3.3 STREET ADDRESS	1210 KINGSLEY AVENUE	
CITY-ST-ZIP	ORANGE PK FL	3.4 CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	S	4.1 TITLE	S/D	☒ Change ☐ Addition
NAME	NORTH, BRENDA	4.2 NAME	MULLIGAN, VIVIAN K.	
STREET ADDRESS	752 BLANDING BLVD, STE 129	4.3 STREET ADDRESS	550 WELLS RD STE A-3	
CITY-ST-ZIP	ORANGE PK FL	4.4 CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	MULLIGAN, V. KAY	5.2 NAME	ORREN, ROY	
STREET ADDRESS	550 WELLS RD, STE A-3	5.3 STREET ADDRESS	1890 KINGSLEY AVENUE, STE 102	
CITY-ST-ZIP	ORANGE PARK FL	5.4 CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	D	6.1 TITLE	D	☐ Change ☐ Addition
NAME	MAPP, SHELBY	6.2 NAME	MAPP, SHELBY	
STREET ADDRESS	2233 PARK AVE, STE 500	6.3 STREET ADDRESS	2233 PARK AVE, STE 500	
CITY-ST-ZIP	ORANGE PK FL	6.4 CITY-ST-ZIP	ORANGE PARK FL 32073	

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, added or an attachment with an address.

SIGNATURE: _____ 1-30-95 904/264-3946
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000170