

# FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

|                                                                                                               |  |                                                                                                                                                                                                |  |
|---------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>CORPORATION<br/>ANNUAL REPORT<br/>1995</b>                                                                 |  |  <b>FLORIDA DEPARTMENT OF STATE<br/>Sandra B. Mortham<br/>Secretary of State<br/>DIVISION OF CORPORATIONS</b> |  |
| <b>DOCUMENT # 732965 (9)</b><br><small>1. Corporation Name</small><br><b>LEESBURG BOARD OF REALTORS, INC.</b> |  |                                                                                                                                                                                                |  |

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 MAY 23 PM 1:09**

|                                                                                                                                        |  |                                                                                                                             |  |
|----------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------|--|
| <b>Principal Place of Business</b><br><b>217 NORTH 2ND STREET<br/>LEESBURG FL 34748</b>                                                |  | <b>Mailing Address</b><br><b>217 NORTH 2ND STREET<br/>LEESBURG FL 34748</b>                                                 |  |
| <b>2. Principal Place of Business</b><br><b>21</b> Suite, Apt. #, etc.<br><b>22</b> City & State<br><b>23</b> Zip<br><b>24</b> Country |  | <b>2a. Mailing Address</b><br><b>26</b> Suite, Apt. #, etc.<br><b>27</b> City & State<br><b>28</b> Zip<br><b>29</b> Country |  |

**DO NOT WRITE IN THIS SPACE**

|                                                                                                                                                                    |                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| <b>3. Date Incorporated or Qualified</b><br><b>06/06/1975</b>                                                                                                      | <b>3a. Date of Last Report</b><br><b>04/06/1994</b>                  |
| <b>4. FEI Number</b><br><b>59-1649787</b>                                                                                                                          | <b>Applied For</b><br><input type="checkbox"/> <b>Not Applicable</b> |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>                                                                                                   | <b>\$8.75 Additional Fee Required</b>                                |
| <b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>                                                                             | <b>\$5.00 May Be Added to Fees</b>                                   |
| <b>7. Nonprofit with IRS 501(c)(3) Tax Exempt Status</b> <input type="checkbox"/>                                                                                  | <b>\$68.75 Supplemental Fee Not Required</b>                         |
| <b>8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                                      |

|                                                                                                                                           |  |  |  |                                                              |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--------------------------------------------------------------|--|--|--|
| <b>9. Name and Address of Current Registered Agent</b><br><b>CYRUS, ROBERT R.<br/>214-A NORTH 3RD ST.<br/>LEESBURG, FLORIDA<br/>34748</b> |  |  |  | <b>10. Name and Address of New Registered Agent</b>          |  |  |  |
|                                                                                                                                           |  |  |  | <b>81 Name</b>                                               |  |  |  |
|                                                                                                                                           |  |  |  | <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> |  |  |  |
|                                                                                                                                           |  |  |  | <b>83</b>                                                    |  |  |  |
|                                                                                                                                           |  |  |  | <b>84 City</b>                                               |  |  |  |
|                                                                                                                                           |  |  |  | <b>FL 85 Zip Code</b>                                        |  |  |  |

**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 reappointing) DATE

| 12. OFFICERS AND DIRECTORS                                                                                                                                                         |                                                                                                                                                                                                              | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                      |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--|
| <b>TITLE</b><br><b>P</b><br><b>NAME</b><br><b>HICKS, TERRY R</b><br><b>STREET ADDRESS</b><br><b>1330 CITIZENS BLVD #301</b><br><b>CITY - ST - ZIP</b><br><b>LEESBURG, FL 00000</b> | <b>11 TITLE</b><br><b>P</b><br><b>12 NAME</b><br><b>Grizzard, Tom</b><br><b>13 STREET ADDRESS</b><br><b>1330 Citizens Blvd. Suite #301</b><br><b>14 CITY - ST - ZIP</b><br><b>Leesburg, FL 34748</b>         | <input checked="" type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b> |  |
| <b>TITLE</b><br><b>V</b><br><b>NAME</b><br><b>PAULLING, HAMILTON</b><br><b>STREET ADDRESS</b><br><b>205 W NORTH BLVD.</b><br><b>CITY - ST - ZIP</b><br><b>LEESBURG FL</b>          | <b>21 TITLE</b><br><b>V</b><br><b>22 NAME</b><br><b>Gatlin, Erv</b><br><b>23 STREET ADDRESS</b><br><b>1301 N. 14 St.</b><br><b>24 CITY - ST - ZIP</b><br><b>Leesburg, FL 34748</b>                           | <input checked="" type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b> |  |
| <b>TITLE</b><br><b>D</b><br><b>NAME</b><br><b>WATKINS, SAMUEL</b><br><b>STREET ADDRESS</b><br><b>205 NORTH BLVD W</b><br><b>CITY - ST - ZIP</b><br><b>LEESBURG, FL 00000</b>       | <b>31 TITLE</b><br><b>D</b><br><b>32 NAME</b><br><b>Kiley, John F.</b><br><b>33 STREET ADDRESS</b><br><b>980 Bichara Blvd</b><br><b>34 CITY - ST - ZIP</b><br><b>Lady Lake, FL 32159</b>                     | <input checked="" type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b> |  |
| <b>TITLE</b><br><b>PE</b><br><b>NAME</b><br><b>FISCHER, NEIL J SR</b><br><b>STREET ADDRESS</b><br><b>8907 S HWY 441 #1</b><br><b>CITY - ST - ZIP</b><br><b>LEESBURG FL</b>         | <b>41 TITLE</b><br><b>PE</b><br><b>42 NAME</b><br><b>Fischer, Neil J Sr</b><br><b>43 STREET ADDRESS</b><br><b>8907 S. Hwy 441, Suite #1</b><br><b>44 CITY - ST - ZIP</b><br><b>Leesburg, FL 34788</b>        | <input checked="" type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b> |  |
| <b>TITLE</b><br><b>D</b><br><b>NAME</b><br><b>DAVENPORT, DIXIE</b><br><b>STREET ADDRESS</b><br><b>8907 S HWY 441 #1</b><br><b>CITY - ST - ZIP</b><br><b>LEESBURG FL</b>            | <b>51 TITLE</b><br><b>D</b><br><b>52 NAME</b><br><b>Justison, Frances L.</b><br><b>53 STREET ADDRESS</b><br><b>1330 Citizens Blvd., Suite #301</b><br><b>54 CITY - ST - ZIP</b><br><b>Leesburg, FL 34748</b> | <input checked="" type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b> |  |
| <b>TITLE</b><br><b>D</b><br><b>NAME</b><br><b>PATTEN, TOM</b><br><b>STREET ADDRESS</b><br><b>100 US HWY 27/441</b><br><b>CITY - ST - ZIP</b><br><b>FRUITLAND PARK FL</b>           | <b>61 TITLE</b><br><b>D</b><br><b>62 NAME</b><br><b>Watkins, Samuel G.</b><br><b>63 STREET ADDRESS</b><br><b>205 W. North Blvd.</b><br><b>64 CITY - ST - ZIP</b><br><b>Leesburg, FL 34748</b>                | <input checked="" type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b> |  |

**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 110.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.**

**SIGNATURE:**  **Terry R. Hicks** **May 18, 1995** **904-753-4000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #