

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FLORIDA CORPORATIONS

1996 5-15-96

64/69

XC

DOCUMENT # F02186

(7)

1. Corporation Name

AMERICAN REALTY, INC.



Principal Place of Business

Mailing Address

HWY 19&NW 19TH ST
1890 NW HWY 19
CRYSTAL RIVER FL 34428
US

HWY 19&NW 19TH ST
1890 NW HWY 19
CRYSTAL RIVER FL 34428
US

3. Date Incorporated or Qualified

10/17/1980

3a. Date of Last Report

04/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2076747

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOODS, DANNY D.
3875 N EAGLE PT.
CRYSTAL RIVER FL 34428

81 Name

Peggy J. Lowe

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

1651 NW 20 Avenue

83

Crystal River, Fl. 34428

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

Peggy J. Lowe

Peggy J. Lowe

05-13-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WOODS, DANNY D	
STREET ADDRESS	3875 N EAGLE PT.	
CITY-STATE-ZIP	CRYSTAL RIVER FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	WOODS, VIRGINIA F	
STREET ADDRESS	3875 N EAGLE PT.	
CITY-STATE-ZIP	CRYSTAL RIVER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FOWLER, HAROLD E	
STREET ADDRESS	1911 NW 17TH ST	
CITY-STATE-ZIP	CRYSTAL RIVER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Peggy J. Lowe	
1.3 STREET ADDRESS	1651 NW 20 Avenue	
1.4 CITY-STATE-ZIP	Crystal River, Fl. 34428	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Robert V. Brown	
2.3 STREET ADDRESS	1651 NW 20 Avenue	
2.4 CITY-STATE-ZIP	Crystal River, Fl. 34428	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

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

SIGNATURE:

Peggy J. Lowe

Peggy J. Lowe, President

352-795-3500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)