

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

CORPORATION  
ANNUAL REPORT  
**1995**



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

APPROVED  
AND  
FILED

95 MAY -1 AM 3:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F04743 (3)**

1. Corporation Name  
**WEEKI WACHEE REAL ESTATE, INC.**

Principal Place of Business  
**7404 SHOAL LINE BLVD.  
SPRING HILL FL 34607**

Mailing Address  
**7404 SHOAL LINE BLVD.  
SPRING HILL FL 34607**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**11/07/1980**

3a. Date of Last Report  
**05/01/1994**

2. Principal Place of Business  
**7068 Commercial Way Suite E  
Weeki Wachee, FL 34613**

2a. Mailing Address  
**7068 Commercial Way Suite E  
Weeki Wachee, FL 34613**

FEI Number  
**59-2077623**

Applied For  
Not Applicable

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

23. City & State

28. City & State

6. Election Campaign Financing Trust Fund Contribution

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

24. Zip

25. Country

29. Zip

30. Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**BOICE, LEONA  
7404 SHOAL LINE BLVD.  
SPRING HILL FL 34607**

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

81. Name  
**Same**

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

83. **6328 Theodan St.**

84. City **Weeki Wachee, FL** 85. Zip Code **34607**

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	<b>0</b>
NAME	<b>BOICE, LEONA</b>
STREET ADDRESS	<b>7404 SHOAL LINE BLVD.</b>
CITY - ST - ZIP	<b>SPRING HILL FL</b>
TITLE	<b>008</b>
NAME	<b>GILSON, WILLIAM</b>
STREET ADDRESS	<b>7404 SHOAL LINE BLVD.</b>
CITY - ST - ZIP	<b>SPRING HILL FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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

1.1 TITLE	<b>Broker-D.--O.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Antoino DaCosta</b>	
1.3 STREET ADDRESS	<b>7068 Commercial Way Suite E.</b>	
1.4 CITY - ST - ZIP	<b>Weeki Wachee, FL 34613</b>	
2.1 TITLE	<b>D-O</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>William Gilson</b>	
2.3 STREET ADDRESS	<b>7068 Commercial Way, Suite E.</b>	
2.4 CITY - ST - ZIP	<b>Weeki Wachee, FL 34613</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - 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 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE: Leona Boice**

*Leona Boice*

**904-596-9393**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone