

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F39771 (3)

1. Corporation Name  
T. F. WILSON REALTY, INC.

Principal Place of Business

Mailing Address

495 S. NOVA RD  
SUITE 102  
ORMOND BEACH FL 32174  
US

495 S. NOVA RD.  
SUITE 102  
ORMOND BEACH FL 32174  
US

FILED

97 JUL 18 AM 9:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

|                                                                                                                                                                 |                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 3. Date Incorporated or Qualified<br>06/08/1981                                                                                                                 | 3a. Date of Last Report<br>05/01/1996 |
| 4. FEI Number<br>59-2098223                                                                                                                                     | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                    | \$8.75 Additional<br>Fee Required     |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>                                                                           | \$5.00 May Be<br>Added to Fees        |
| 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

2. Principal Place of Business

21 140 S. ATLANTIC AVE.

Suite, Apt. #, etc.

22 Suite 300

City & State

23 ORMOND BEACH FL

Zip

24 32176

Country

25 USA

2a. Mailing Address

26 140 S. ATLANTIC AVE

Suite, Apt. #, etc.

27 Suite 300

City & State

28 ORMOND BEACH, FL

Zip

29 32176

Country

30 USA

9. Name and Address of Current Registered Agent

WILSON, TYREE F JR  
495 S. NOVA RD.  
SUITE 102  
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
140 S. ATLANTIC AVENUE  
83 Suite 300  
84 City ORMOND BEACH FL 85 Zip Code 32176

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

Tyree F. Wilson, Jr.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when transferring)

DATE

7/14/97

12. OFFICERS AND DIRECTORS

|                 |   |      |                    |         |
|-----------------|---|------|--------------------|---------|
| TITLE           | P | NAME | GALLOWAY G.G.      | DELETED |
| STREET ADDRESS  |   |      | 495 S. BLVD RD.    |         |
| CITY - ST - ZIP |   |      | ORMOND BEACH FL    |         |
| TITLE           | D | NAME | WILSON, LYNDA      | DELETED |
| STREET ADDRESS  |   |      | 495 S. NOVA RD.    |         |
| CITY - ST - ZIP |   |      | ORMOND BEACH FL    |         |
| TITLE           | S | NAME | BABCOCK, ANDREA L  | DELETED |
| STREET ADDRESS  |   |      | 495 S. NOVA RD     |         |
| CITY - ST - ZIP |   |      | ORMOND BEACH FL    |         |
| TITLE           | C | NAME | WILSON, TYREE      | DELETED |
| STREET ADDRESS  |   |      | 780 W GRANADA BLVD |         |
| CITY - ST - ZIP |   |      | ORMOND BCH FL      |         |
| TITLE           |   | NAME |                    | DELETED |
| STREET ADDRESS  |   |      |                    |         |
| CITY - ST - ZIP |   |      |                    |         |
| TITLE           |   | NAME |                    | DELETED |
| 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           | Change | Addition |
| 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           | Change | Addition |
| 4.2 NAME            |        |          |
| 4.3 STREET ADDRESS  |        |          |
| 4.4 CITY - ST - ZIP |        |          |
| 5.1 TITLE           | Change | Addition |
| 5.2 NAME            |        |          |
| 5.3 STREET ADDRESS  |        |          |
| 5.4 CITY - ST - ZIP |        |          |
| 6.1 TITLE           | Change | 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 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.

SIGNATURE Tyree F. Wilson, Jr.

7/14/97

CP2E034 (4/97)

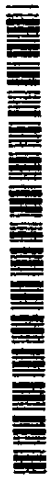
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FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortonham  
Secretary of State

DIVISION OF CORPORATIONS  
P.O. Box 6327  
Tallahassee, Florida 32314



TO: 0003482 AF F39771  
\*\*AUTO 12 6 1297 32176-170540  
T. F. WILSON REALTY, INC.  
140 S ATLANTIC AVE STE 300  
ORLAND BEACH FL 32176-1705  
US

Division of Corporations

Please note that our office has moved, and we did not receive the first notice - this 2nd notice was addressed to our new address, as you can see by the above, but your agent, Robin, says the state secty's Division of Corporations does not have our new address. therefore, enclosed is \$165.00 for the annual fee - thank you -

*Handwritten signature*