FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

| ANNU | JAL REPORT | | Sandra B. Mortha Secretary of State DIVISION OF CORPORA | | | ONS | Secretary of State | |
|--|--|--------------------------------|--|------------------|----------|-------------------|--|-----|
| | MENT # F Name REALTY, INCOR | 42607 PORATED | (4) | | | | | |
| Principal Place of Business 2250 CASSAT AVE. JACKSONVILLE FL 32210 | | ļ | Mailing Address 2250 CASSAT AVE. JACKSONVILLE FL 32210 | | | | DO NOT WRITE IN THIS SPACE | |
| | | | | | | | 3. Date Incorporated or Qualified 08/31/1981 | |
| 2. Principal Pl | lace of Business | 26 | | | | | 4. FEI Number Applied For 59-2211527 Not Applicable | le |
| Suite, Apt. | #, etc. | 27 | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired See Required | |
| City & State | 9 | | City & State | | | | Election Campaign Financing \$5.00 May Be | - |
| Zip | | | | | intry | | Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Inlangible | - |
| 24) | 25] | ress of Current Reg | | 30] | Γ- | | Personal Properly Tax due June 30. Yes No 10 Name and Address of New Registered Agent | -{ |
| ELLIS, WILLIAM C. 2250 CASSAT AVENUE | | | | | 81 82 | Name Street Ad | Address (P.O. Box Number is Not Acceptable) | |
| JACKSONVILLE FL 32210 | | | | | 83 | | Address (1.5. Box Humber is Not Acceptable) | |
| | | | | | 84 | City | FL 85 Zip Code | - |
| office or re | egistered agent, or bo | oth, in the State of Flo | 607.1508, Florida Statut rida. Such change was a of, Section 607.0505, Flo | authorize | d by | the corpor | corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered | ;i~ |
| SIGNATURE | Signature, typed or printed na | me of registered agent and til | lle if applicable (NO1 | f: Registere | d Age | nt signature rec | required when reinstating) DATE | - |
| 12. | | OFFICERS AND DIRE | | 13. | <u> </u> | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | 7 |
| TITLE NAME | PST ELLIS, WILLIAM 2250 CASSAT A | | DELETE | 1.1 TU 1.2 N | AME | | ☐ Change ☐ Addilio | n |
| STREET ADDRESS CITY-ST-ZIP | JACKSONVILLE | | | 1.3 S | | ADDRESS T-ZIP | | |
| TITLE NAME | | | ☐ DELETE | 2.1 Tt 2.2 N/ | | | Change Additio | n |
| STREET ADDRESS | | | | | | ADDRESS ST-ZIP | *** | |
| TITLE | | | DELETE | 3.1 TI | 1LE | 91-511 | Change Addition | n d |
| NAME STREET ADDRESS | | | | | REET | ADDRESS | | |
| CITY-ST-ZIP TITLE | | 4 | DELETE | 3.4. C 4.1 TI | | it - ZIP | Change Additio | ñ |
| NAME STREET ADDRESS | | | | 4.2 N 4.3 St | | ADDRESS | | |
| CITY-ST-ZIP TITLE | | | DELETE | 4.4 CI 5.1 TI | | T-ZIP | Change Addition | 5 |
| NAME | | | | 5.2 N/ | AME | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | 5.3 S1 5.4 Ci | | ADDRESS T-ZIP | | |
| TITLE | | | ☐ DELETE | 6.1 11 | TLE | | Change Addition | n |
| NAME STREET ADDRESS | | | | 6.2 N/ | | ADDRESS | | |
| CITY-ST-ZIP | | _ | | 6.4 Ci | | 1 | | |

14. Thereby 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.

4-3-98 904 388-0777

FILED

Apr 07 1998 8:00am