

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS****APPROVED
AND
FILED****95 APR 27 AM 10: 59****SECRETARY OF STATE
TALLAHASSEE, FLORIDA****DOCUMENT # F51084****(4)**

1. Corporation Name

TED RANDELL REAL ESTATE, INC.

Principal Place of Business

Mailing Address

**2267 FIRST ST. #14
P. O. BOX 1668
FT. MYERS FL 33902
US****P.O. BOX 1668
FT. MYERS FL 33902
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/26/1981

3a. Date of Last Report

04/28/1994

4. FEI Number

59-2173355

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

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**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RANDELL TED M.
2267 FIRST ST. #14
FORT MYERS FL 33902**

81 Name

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

83

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

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

**TITLE PD
NAME RANDELL, TED
STREET ADDRESS 1453 LYNWOOD AVE.
CITY - ST - ZIP FT. MYERS FL**1 1 TITLE ☐ Change ☐ Addition

1 2 NAME

1 3 STREET ADDRESS

1 4 CITY - ST - ZIP

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**2 1 TITLE ☐ Change ☐ Addition

2 2 NAME

2 3 STREET ADDRESS

2 4 CITY - ST - ZIP

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**3 1 TITLE ☐ Change ☐ Addition

3 2 NAME

3 3 STREET ADDRESS

3 4 CITY - ST - ZIP

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**4 1 TITLE ☐ Change ☐ Addition

4 2 NAME

4 3 STREET ADDRESS

4 4 CITY - ST - ZIP

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**5 1 TITLE ☐ Change ☐ Addition

5 2 NAME

5 3 STREET ADDRESS

5 4 CITY - ST - ZIP

**TITLE
NAME
STREET ADDRESS
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 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 statement 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed; or on an attachment with my address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TED RANDELL**4/28/95****813 334-0054**

Date

Telephone Number