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

Apr 14 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # GERACI REALTY, INC. Principal Place of Business Mailing Address 2023 W 1ST STREET 2023 W. 1ST STREET FORT MYERS FL 33901 FORT MYERS FL 33901 DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified 12/14/1982 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 59-2259701 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country  $Z_{1D}$ Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes 24 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GERACI, DONALD D 2023 W. FIRST STREET 82 Street Address (P.O. Box Number is Not Acceptable) FORT MYERS FL 33901 83 City 85 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 Horida. 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, Society 607.0505, Elprida Statutes. Geraci SIGNATURE DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE Addition Change **PSDC** TETLE 11100 GERACI, DONALD D NAME 1.2 NAME 1362 BROMAN AVE. 1.3 STREET ADDRESS STREET ADDRESS <del>pt: Myers-f</del>l CITY-ST-ZIP 1.4 CITY - \$1 - ZIP DELETE Addition Change TITLE 21 TITLE 1 Woodbine Way 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 City - \$1 - 20P CITY-ST-ZIF DELETE Addition ☐ Change TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY - \$1 - ZIP CITY-ST-ZIP DELETE ☐ Change Addition 41 TITLE TITLE 4. 2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 4.4 CiTY - S1 - ZIF CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 City - \$1 - ZiP CITY-ST-ZIP DELFTE Change Addition 61 TILLE TITLE 6.2 NAME NAME STREET ADDRESS 63 STREET ADDRESS 6 4 CITY-S1-ZIP CITY-ST-ZIP 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 eath; 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 change

**FILED**