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Secretary of State

04-09-2007 90097 005 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G15365

1. Entity Name
TOM FUQUA REALTY, INC.

Principal Place of Business	Mailing Address
215 N. MAIN STREET CRESTVIEW, FL 32536	215 N. MAIN STREET CRESTVIEW, FL 32536

04052007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 59-2306983 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FUQUA, G. THOMAS 5 CLIFFORD DR. #7 FT WALTON BCH, FL SHALIMAR, FL 32579	Name: FUQUA, G. THOMAS Street Address (P.O. Box Number is Not Acceptable): 215 N. MAIN STREET City: CRESTVIEW FL Zip Code: 32536

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] April 5, 2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FUQUA, G THOMAS 5 CLIFFORD DR. #7 SHALIMAR, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FUQUA, G. THOMAS 215 N. MAIN STREET CRESTVIEW, FL 32536	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FUQUA, BETTY G 5 CLIFFORD DRIVE #7 SHALIMAR, FL 32579	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FUQUA, BETTY G. 215 N. MAIN STREET CRESTVIEW, FL 32536	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] G. THOMAS FUQUA 4/5/07 850-689-3540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #