

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G17637** (1)

1. Corporation Name

REALTY ONE SERVICES, INC.



Principal Place of Business

Mailing Address

C/O GEORGE E. LEE
16 FERRY ROAD, S.E.
FT WALTON BEACH FL 32548

C/O GEORGE E. LEE
16 FERRY ROAD, S.E.
FT WALTON BEACH FL 32548

3. Date Incorporated or Qualified

01/05/1983

3a. Date of Last Report

04/11/1995

4. FEI Number

59-2246317

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. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEE, GEORGE E.
16 FERRY ROAD, S.E.
FT WALTON BEACH FL 32548

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 fee, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **PD**
STREET ADDRESS **LEE, GEORGE E.**
CITY-STATE-ZIP **902 SHARON POINT CIRCLE**
FT WALTON BEACH FL

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **STD**
STREET ADDRESS **ADAMS, EARL R.**
CITY-STATE-ZIP **704 MELANIE LANE**
FT WALTON BEACH FL

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **VD**
STREET ADDRESS **EWING, MARVIN**
CITY-STATE-ZIP **504 DORY AVE**
FT WALTON BEACH FL

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

TITLE ☒ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME **V**
STREET ADDRESS **KATRINECZ, TERRI**
CITY-STATE-ZIP **443 WATERWAY LANE**
FT. WALTON BEACH FL

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

62 NAME

63 STREET ADDRESS

64 CITY-STATE-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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE E. LEE

FEB. 15, 1996

904/244-5713

Date

Daytime Phone #

CR2E034 (12/95)