

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT**  
**CORPORATION**  
**ANNUAL REPORT**  
**1996**



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

APPROVED  
AND  
FILED

96 NOV -7 PM 2:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **G36063** (7)

1. Corporation Name

**ADMIRAL REALTY GROUP, INC.**

Principal Place of Business

**5040 ST. AUGUSTINE RD**  
**SUITE TWO**  
**JACKSONVILLE FL 32207**  
**US**

**P.O. BOX 5028**  
**SUITE 600**  
**JACKSONVILLE FL 32247**  
**US**

**REINSTATEMENT 1996**



2. Principal Place of Business

21 **2928 MANDARIN MEADOWS DR. SOUTH**

2a. Mailing Address

**P.O. BOX 5028**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **JACKSONVILLE, FL**

City & State

28 **JAX, FL**

Zip

24 **32223**

Country

25 **US**

Zip

29 **32247**

Country

30 **US**

9. Name and Address of Current Registered Agent

**NILL, C. JOHN**  
**8421 BAYMEADOWS WAY**  
**SUITE ONE**  
**JACKSONVILLE FL 32266**

10. Name and Address of New Registered Agent

81 Name

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

**2928 MANDARIN MEADOWS DR. So.**

83

84 City

**JACKSONVILLE**

FL

85 Zip Code

**32223**

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 reinstating)

DATE

**10-5-96**

12. OFFICERS AND DIRECTORS

TITLE **VS** ☒ DELETE

NAME **GRAHAM, SHIRLEY S**  
STREET ADDRESS **8421 BAYMEADOWS WAY, #2**  
CITY - ST - ZIP **JACKSONVILLE FL**

TITLE **PTS** ☐ DELETE

NAME **NILL, C. JOHN**  
STREET ADDRESS **8421 BAYMEADOWS WAY, #2**  
CITY - ST - ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

**REINSTATEMENT**

**1000020045071**  
**-11/14/96-01050-013**  
**\*\*\*375.00**

**11-7-96**

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **C. J. NILL** SIGNATURE REQUIRED

**10-5-96**

Date

**904-733-4488**

Daytime Phone #

CR2034 (3/96)