

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 # **G86148** (5)

1. Corporation Name
NORRIS REALTY OF SEBRING, INC.



Principal Place of Business

Mailing Address

**230 SOUTH COMMERCE AVE
SEBRING FL 33870**

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SEBRING FL 33870**

3. Date Incorporated or Qualified
02/20/1984

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 **917 JENNIFER ST**

26 **80-155 MERION**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **P.O. Box 5084**

27

City & State

City & State

23 **INCLINE VILLAGE NV**

28 **LA QUINTA, CA**

Zip

Zip

24 **89450**

Country **USA**

29 **92253**

Country **USA**

4. FEI Number
34-1475968

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MACBETH, JOSEPH
230 COMMERCE AVE
SEBRING FL 33870**

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 below of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE

NAME **NORRIS, GENE**
STREET ADDRESS **18170 BAGLEY RD**
CITY-ST-ZIP **MIDDLEBURG HTS. OH**

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition

12 NAME **GENE NORRIS**
13 STREET ADDRESS **80-155 MERION**
14 CITY-ST-ZIP **LA QUINTA, CA 92253**

TITLE **D** ☐ DELETE

NAME **NORRIS, MALCOM**
STREET ADDRESS **2312 SWEET BAY LANE**
CITY-ST-ZIP **MATHEWS NC**

2.1 TITLE **DIRECTOR** ☒ Change ☐ Addition

22 NAME **MALCOLM NORRIS**
23 STREET ADDRESS **7805 ALLEN ROBERTSON PL.**
24 CITY-ST-ZIP **SARASOTA, FL 34240**

TITLE **S** ☐ DELETE

NAME **HIGGINS, SALLY**
STREET ADDRESS **3831 WIGGENTON RD**
CITY-ST-ZIP **TALLAHASSEE FL**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

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:

Gene Norris **GENE NORRIS**

2-3-96

619/771-1535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Phone #

CR2E034 (12/95)