## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE PROFIT CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (2)G96969 DOCUMENT # WILLIS REALTY, INC. Mailing Address Principal Place of Business 14926 NORTH FLORIDA AVE 14926 NORTH FLORIDA AVE **TAMPA FL 33613 TAMPA FL 33613** 3a. Date of Last Report 3. Date Incorporated or Qualified 04/19/1995 04/04/1984 Applied For 4. FEI Number 2. Principal Place of Business AUC 21 320-A West Bearss AUC 2a. Mailing Address Not Applicable 59-2482912 26 \$8.75 Additional Me Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 22 \$5.00 May Be 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 7 AM ()A 23 8. This corporation has liability for intangible tax under s 199.032, Country Ζıp ☐ Yes ☐ No Florida Statutes 30 25 Hills Execugh 29 10. Name and Address of New Registered Agent ₽4 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) 82 WILLIS, BETTY R 1440 HOUNDS HOLLOW CT. **LUTZ FL 33549** 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS Change Addition 12 DELE 16 1. 1 TH LE **PVS** TITLE 1.2 NAME WILLIS, BETTY R. NAME 1.3 STREET ADDRESS 1440 HOUNDS HOLLOW CT. STREET ADDRESS 14 CHY-ST-ZIF Addition **LUTZ FL** Change CITY-ST-ZIP DELETE 2.1 DILE TITLE 2 2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY - ST-ZIP [] Change ☐ Addition CHTY-ST-ZIP DELETÉ 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - 7IP 3:00000175.67633 -03/26/96-01026-006 Addition CITY-ST-ZIP 4 1 TITLE DELETE TITLE 4.2 NAME NAME \*\*\*200,00 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - 719 Change Addition CITY-ST-ZIP DELETE 5 1 TITLE THILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIF Addition CITY-ST-ZIP DELETE 6 1 TITLE TITLE 6.2 NAME

14. To 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 cath; 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. NAME OF SIGNING OFFICEROR DIRECTOR

NAME OF SIGNING OFFICEROR DIRECTOR

Describe Proce 8

STREET ADDRESS

6.3 STREET ADDRESS

64 CITY - ST - ZIP

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