FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

FILED

Jan 27 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H13657

(2)

Mailing Address

DAIGLE & DAIGLE REALTY, INC.

2165 BENT OAK DR. APOPKA FL 32712		2165 BENT OAK DR. APOPKA FL 32712-3 92 6					
					3. Date Incorporated or Qualified 07/24/1984	3a. Date of Las 01/26/199	· .
2. Principal Place of Business		2a. Mailing Address		4. FEI Number			
Suite, Apt.	# site	Suite Apt. #, etc.		·	59-2432912	\$8.7	Not Applicable 5 Additional
22		27			5. Certificate of Status Desired	Fee	e Required
City & State	9	City & Stat∈			Election Campaign Financing Trust Fund Contribution		00 May Be ded to Fees
Zip	Country	Zip	Countr	y	8. This corporation has liability for i		er s. 199.032,
24	25		30			Yes X No	
	9. Name and Address of Curren	t Registered Agent	81	Nome	10. Name and Address of New Re	gistered Agent	
	ALE, JERI		*'	Name			
	BENT OAK DRIVE			82 Street Address (P.O. Box Number is Not Acceptable)			
APO	PKA FL 32712		B3	83			
			84	'		FL	Zip Code
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was au	ithorized h	withe corpo	orporation submits this statement for the pration's board of directors. I hereby accept	urpose of changing the appointment	ng its registered it as registered
SIGNATURE	Signature, typed or printed name of registered age	unt and title if applicable INOTE	Registered A	jent signatura re	quired when reinstating)	DATE	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIREC	TORS IN 12
TITLE	PVST	DELETE	1.1 TITLE			☐ Char	nge 🗌 Addition
NAME	DAIGLE, JERI		1.2 NAME				
STREET ADDRESS	2165 BENT OAK DRIVE		1.3 STREE	T ADDRESS			
CITY+ST-ZIP	APOPKA FL	26,576	1.4 CITY-	ST-ZIP		Char	non Addition
TITLE		☐ ⊃ELETE	21 TITLE			Char	nge L Addition
NAME			2.2 NAME	1			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP TITLE		DELETE	2 4 CITY 3.1 TITLE			Char	nge Addition
NAME			3.2 NAME	1			
STREET ADDRESS			3.3 STRÉI	T ADDRESS			
C:TY-ST-ZIP			3.4. CITY	- ST-ZIP			
TITLE		DELETE	4.1 TITLE			Char	nge Addition
NAME			4. 2 NAM	E			
STREET ADDRESS	·		4.3 STRE	T ADDRESS			
CITY-ST-7IP			4.4 CITY				
TITLE		[] DELETE	5.1 TITLE	- 1		L Char	nge [] Addition (
NAME			5.2 NAM	1			
STREET ADORESS			1	ET ADDRESS			
CITY - ST - ZIP		DELETE	5.4 CITY- 6.1 TITLE			Chai	inge Addition
TITLE		- section	6.2 NAMI	i			
NAME STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			6.4 CITY	1			
14 Ldo boro	by certify that the information supplie	d with this filing does not qualify	for the ex	emption sta	ated in Section 119.07(3)(i), Florida Statute	s. I further certify	that the
Lam an c	on indicated on this armual report or s officer or director of the corporation o in Block 12 or Block 13 if changed, o	r the receiver or trustee empowe	ered to exe	curate and t cute this re	that my signature shall have the same leg- port as required by Chapter 607, Florida	arefrect as it made Statutes; and that	my name