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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 23 PM 3: 18

DOCUMENT # H17251 (0)

1. Corporation Name
RMF REALTY SERVICES, INC.

Principal Place of Business
~~17001 BONNIEVISTA CT~~
~~PO BOX 210~~
~~KILLARNEY FL 34740-0210~~

Mailing Address
~~17001 BONNIEVISTA CT~~
~~PO BOX 210~~
~~KILLARNEY FL 34740-0210~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 32 WINDWARD ISLE	26 32 WINDWARD ISLE
22 Suite, Apt. #, etc. —	27 Suite, Apt. #, etc. —
23 City & State PALM BEACH GARDENS, FL	28 City & State PALM BEACH GARDENS, FL
24 Zip 33418 / 25 Country U.S.A	29 Zip 33418 / 30 Country U.S.A.

3. Date Incorporated or Qualified: 08/20/1984
3a. Date of Last Report: 04/29/1994
4. FEI Number: 11-2639568 ☐ 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

FREEMAN, ROBERT M.
~~17001 BONNIEVISTA CT~~
~~KILLARNEY FL 34740~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 32 WINDWARD Isle
83
84 City Palm Beach Gardens, FL 85 Zip Code 33418

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 ______________________ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PD~~	1 1 TITLE	PTD ☒ Change ☐ Addition
NAME	~~FREEMAN, ROBERT M.~~	1 2 NAME	FREEMAN ROBERT M.
STREET ADDRESS	~~17001 BONNIEVISTA CT~~	1 3 STREET ADDRESS	32 WINDWARD ISLE
CITY ST ZIP	~~KILLARNEY FL 34740~~	1 4 CITY ST ZIP	PALM BEACH GARDENS, FL 33418
TITLE	~~TD~~	2 1 TITLE	☒ Change ☐ Addition
NAME	~~FREEMAN, ROBERT M., JR.~~	2 2 NAME	DELETION
STREET ADDRESS	~~2215 FILMORE ST., APT. 201~~	2 3 STREET ADDRESS	
CITY ST ZIP	~~[illegible]~~	2 4 CITY ST ZIP	
TITLE	SD	3 1 TITLE	☒ Change ☐ Addition
NAME	FREEMAN, GAIL O.	3 2 NAME	
STREET ADDRESS	~~17001 BONNIEVISTA CT~~	3 3 STREET ADDRESS	32 WINDWARD ISLE
CITY ST ZIP	~~KILLARNEY FL 34740~~	3 4 CITY ST ZIP	PALM BEACH GARDENS, FL 33418
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY ST ZIP		4 4 CITY ST ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 CITY ST 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)(i), 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: Robert M. Freeman 3/23/95 (407)625-9277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Robert M. Freeman

0402111 FP