

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 # **H76652** (7)

1. Corporation Name

1326 OCEAN AVENUE REALTY CORPORATION



Principal Place of Business

**THE BARNETT CENTER
4501 TAMiami TRAIL N., #300
NAPLES FL 33940-0060**

Mailing Address

**THE BARNETT CENTER
4501 TAMiami TRAIL N., #300
NAPLES FL 33940-0060**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

33940-3060

25

29

33940-3060

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9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/13/1985

3a. Date of Last Report

02/01/1995

4. FEI Number

59-2618234

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

10. Name and Address of New Registered Agent

**MCMACKIN, F. JOSEPH, III
THE BARNETT CENTER
4501 TAMiami TRAIL NORTH, SUITE 300
NAPLES FL 33940-0060**

81 Name

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

83

84 City

FL

85 Zip Code

33940-3060

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

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

**DVP
DUNN, JOSEPHINE A.
MOORINGS PARK-ORCHID TER
NAPLES FL 33942**

TITLE NAME ☐ DELETE

**PD
SPIRO, MARY ANN**

TITLE NAME ☐ DELETE

**128 VIA NAPOLI
NAPLES FL 33999**

TITLE NAME ☐ DELETE

**MCMA
CKIN, F J
4501 TAMiami TRAIL N., #300
NAPLES FL**

TITLE NAME ☐ DELETE

**D
MCMACKIN, S. ELIZABETH
2616 TREASURE LANE
NAPLES FL 33940**

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-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-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

DST

MCMACKIN, F J

☒

Change

☐

Addition

☐

Change

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Addition

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Change

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Addition

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Change

☐

Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECU

(941) 434 4901

CR2E034 (12/95)