

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H88192 (0)
1. Corporation Name
ASSOCIATED REALTY SERVICES, INC.

Principal Place of Business

Mailing Address

135 W. FIFTH AVENUE
P.O. BOX 1198
MOUNT DORA FL 32757

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P.O. BOX 1198
MOUNT DORA FL 32757

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 135 W. Fifth Avenue
Suite, Apt. #, etc.

2a. Mailing Address

26 P. O. Box 1198
Suite, Apt. #, etc.

22 City & State

23 Mount Dora, FL

24 Zip

25 32757

25 USA

27 City & State

28 Mount Dora, FL

29 Zip

30 32756-1198

30 USA

3. Date Incorporated or Qualified

12/05/1985

3a. Date of Last Report

04/11/1996

4. FEI Number

59-2613675

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

JONES, ALLAN C. JR.
135 W. FIFTH AVENUE
PO BOX 1227
MOUNT DORA FL 32757

10. Name and Address of New Registered Agent

81 Name
Schwalb, Kathryn J.
82 Street Address (P.O. Box Number is Not Acceptable)
135 W. Fifth Avenue
83
84 City
Mount Dora
85 Zip Code
FL 32757

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 Kathryn J. Schwalb, President 7/14/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DP
NAME JONES, ALLAN C. JR.
STREET ADDRESS 135 W. FIFTH AVENUE
CITY-ST-ZIP MOUNT DORA FL
☐ DELETE

TITLE D
NAME DAVIS, DWIGHT S. JR.
STREET ADDRESS 408 SASSAFRAS LANE
CITY-ST-ZIP MOUNT DORA FL
☒ DELETE

TITLE VP
NAME MARILYN M. JONES
STREET ADDRESS 135 W. FIFTH AVENUE
CITY-ST-ZIP MOUNT DORA FL
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V
1.2 NAME Jones, Allan C. Jr
1.3 STREET ADDRESS 135 W. Fifth Avenue
1.4 CITY-ST-ZIP Mount Dora, FL 32757
☒ Change ☐ Addition

2.1 TITLE DP
2.2 NAME Schwalb, Kathryn J.
2.3 STREET ADDRESS 135 W. Fifth Avenue
2.4 CITY-ST-ZIP Mount Dora, FL 32757
☐ Change ☒ Addition

3.1 TITLE DST
3.2 NAME Schwalb, M. David
3.3 STREET ADDRESS 23327 E. Highway 44
3.4 CITY-ST-ZIP Eustis, FL 32726
☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing 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 Kathryn J. Schwalb 7/14/97 352/382-2186

CR2E034 (4/97)