SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 19, 1994.
AMOUNT DUE ON OR BEFORE 8/19/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

APPROVED AND FILED

94 AUG -4 AM 10: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H89339** **(6)**

1. Corporation Name
MAJESTIC HOMES AND REALTY OF TALLAHASSEE, INC.

Mailing Address
ROUTE 2, BOX 4640-8
SPRING CREEK FL 32327

Principal Place of Business
ROUTE 2, BOX 4640-8
SPRING CREEK FL 32327

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/11/1985**
3a. Date of Last Report: **06/11/1993**

2. Mailing Address
21
2a. Principal Place of Business
26

4. FEI Number: **59-2617146** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc.
22
Suite, Apt. #, etc.
27

5. Certificate of Status Desired **$8.75 Additional Fee Required** ☐

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00 May Be Added to Fees**

City & State
23
City & State
28

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐

Zip
24
Country
25
Zip
29
Country
30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

SUBER, BRAD
RT 5, BOX 3951
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ (A)
Signature, typed or printed name of registered agent and title if applicable (N.B. Registered Agent signature required where mandatory)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	**P/T**	11 TITLE	
12 NAME	**SUBER, BRAD**	12 NAME	
13 STREET ADDRESS	**RTE. 2, BOX 4640-8**	13 STREET ADDRESS	
14 CITY-ST-ZIP	**SPRING CREEK FL**	14 CITY ST ZIP	
21 TITLE	**V/S**	21 TITLE	
22 NAME	**BARWICK, KIM**	22 NAME	
23 STREET ADDRESS	**RT. 5, BOX 3951**	23 STREET ADDRESS	
24 CITY-ST-ZIP	**TALLAHASSEE FL**	24 CITY ST ZIP	
31 TITLE		31 TITLE	
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY ST ZIP		34 CITY ST ZIP	
41 TITLE		41 TITLE	
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE		51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	AM
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Brad Suber Pres. Brad Suber 7/29/94 904 599-6323
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #

0181873