

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H89339 (6)
1. Corporation Name
MAJESTIC HOMES AND REALTY OF TALLAHASSEE, INC.



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

SPRING CREEK FL 32327		SPRING CREEK FL 32327		3. Date Incorporated or Qualified 12/11/1985		3a. Date of Last Report 05/22/1995	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2617146		Applied For <input checked="" type="checkbox"/> Not Applicable	
21. # 2 Springview Dr		26. Same		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
22. Crawfordville Fla		27. City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
City & State		City & State		Address of New Registered Agent			
23. 32327 Wakulla		28. Zip		Country			
Zip		Country		29. Zip		30. Country	

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	Brad Suber
82	Street Address (P.O. Box Number is Not Acceptable)	# 2 Springuew Dr
83		Crawforville Fl
84	City	FL
85	Zip Code	32327

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

Brad Suber

Received April 5, 1997; accepted May 1, 1997.

[121]

7-22-96

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

12.	PTD SUBER, BRAD RTE. 2, BOX 4640-8 SPRING CREEK FL	<input type="checkbox"/> DELETE
TITLE		
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	BARWICK, KIM	
STREET ADDRESS	RT. 5, BOX 3951	
CITY, ST, ZIP	TALLAHASSEE FL	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	DATE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE _____
☐ Change ☐ Addition

1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP ☐ Change ☐ Addition

4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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

6.1 TITLE _____

6.2 NAME _____

6.3 STREET ADDRESS _____

6.4 CITY-STATE _____

6.5 I, the undersigned, declare that the information stated in Section 119.07(3)(k), Florida Statutes, is further

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)(k), 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: Brad Suber Pres. Brad Suber President 7-22-96 599-6323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Contact Phone #

CR2E034 (12/95)