

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90211 010 \*\*\*150.00

**DOCUMENT # J00493**

1. Entity Name  
NTS REALTY COMPANY OF FLORIDA



Principal Place of Business  
C/O NTS CORPORATION  
10172 LINN STATION ROAD  
LOUISVILLE, KY 40223

Mailing Address  
C/O NTS CORPORATION  
10172 LINN STATION ROAD  
LOUISVILLE, KY 40223



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03162004

Chg-P

CR2E034 (10/03)

4. FEI Number  
59-2698270

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BAVEC, RICHARD D  
5950 SHORELINE CIRCLE  
LAKE FOREST, FL 32771

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
690 Lake Forest Boulevard

City Lake Forest

FL

Zip Code  
32771

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CD ☐ Delete  
NAME NICHOLS, J. D.  
STREET ADDRESS 10172 LINN STATION RD.  
CITY-ST-ZIP LOUISVILLE, KY

TITLE SVP ☐ Delete  
NAME WELLS, GREGORY  
STREET ADDRESS 10172 LINN STATION ROAD  
CITY-ST-ZIP LOUISVILLE, KY 40223

TITLE PT ☒ Delete  
NAME ADAMS, GARY D  
STREET ADDRESS 5350 SHORELINE CIRCLE  
CITY-ST-ZIP LAKE FOREST, FL 32771

TITLE EVP ☐ Delete  
NAME LAVIN, BRIAN F  
STREET ADDRESS 10172 LINN STATION RD  
CITY-ST-ZIP LOUISVILLE, KY 40223

TITLE VPS ☐ Delete  
NAME HOWARD, SUSAN M  
STREET ADDRESS 10172 LINN STATION ROAD  
CITY-ST-ZIP LOUISVILLE, KY 40223

TITLE VPAT ☐ Delete  
NAME MITCHELL, NEIL A  
STREET ADDRESS 10172 LINN STATION ROAD  
CITY-ST-ZIP LOUISVILLE, KY 40223

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/04

Date

(502) 426-4800

Daytime Phone #

Susan M Howard, Secretary