

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90100 020 ***150.00

DOCUMENT # **J06848**

1. Corporation Name

BUSHNELL REALTY AND INVESTMENT, INC.

Principal Place of Business

Mailing Address

**504 W. HWY 48
BUSHNELL FL 33513**

**504 W. HWY 48
BUSHNELL FL 33513**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/31/1986

4. FEI Number

59-2686902

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1034 West Highway 48

26 1034 West Highway 48

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
City & State

27
City & State

23 Bushnell, Florida 33513

28 Bushnell, Florida 33513

Zip Country

Zip Country

24 **25**

29 **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WYNNS, ANITA
215 WEST NOBLE
BUSHNELL FL 33513**

81 Name

Dolores E. Fuller

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

1034 West Highway 48 - Office

83

7052 C.R. 575 - Residence

84 City

Bushnell, Florida

FL

85

Zip Code
33513

11. Pursuant to the provisions of Sections 607.0502 and 607.1408, 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 607.1405, Florida Statutes.

SIGNATURE

Dolores E. Fuller

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PTD** ☒ DELETE
NAME **WYNNS, ANITA**
STREET ADDRESS **215 W NOBLE AVE**
CITY-ST-ZIP **BUSHNELL FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

PVTSD ☒ Change ☐ Addition
Dolores E. Fuller
1034 West Highway 48
Bushnell, Florida 33513

TITLE **VSD** ☒ DELETE
NAME **FULLER, DOLORES E**
STREET ADDRESS **7423 SW 70TH RD**
CITY-ST-ZIP **BUSHNELL FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

D ☐ Change ☒ Addition
Walter Fuller, Jr.
7052 C.R. 575
Bushnell, Florida 33513

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

Dolores E. Fuller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-19-99 **352**
793-6944

CR2E034 (11/98)