FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J26612** **(8)**

1. Corporation Name
TRANSMARK REAL ESTATE INCORPORATED

Principal Place of Business	Mailing Address
5333 COMMERCIAL WAY STE 104 SPRING HILL FL 34606-1498	5333 COMMERCIAL WAY STE 104 SPRING HILL FL 34606-1498

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/25/1986**
3a. Date of Last Report: **05/01/1994**

21 — 2. Principal Place of Business
26 — 2a. Mailing Address
4. FEI Number: **59-2727407** — Applied For / Not Applicable
22 — Suite, Apt. #, etc.
27 — Suite, Apt. #, etc.
5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
23 — City & State
28 — City & State
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
24 — Zip; 25 — County
29 — Zip; 30 — County
8. This corporation has been, or intends to be, under Chapter 607.1908, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BYLSMA, WIM J.
5333 COMMERCIAL WAY
STE 104
SPRING HILL FL 33526

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 Section 607.1005 and/or 608.1008, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
1 TITLE	PST	1 TITLE	☐ Change ☐ Addition
1 NAME	BYLSMA, WIM JAN	1 NAME	
1 STREET ADDRESS	P O BOX 5322 N/A	1 STREET ADDRESS	
1 CITY-ST-ZIP	SPRING HILL FL	1 CITY-ST-ZIP	
2 TITLE	D	2 TITLE	☐ Change ☐ Addition
2 NAME	BYLSMA, WIM JAN	2 NAME	
2 STREET ADDRESS	P O BOX 5322 N/A	2 STREET ADDRESS	
2 CITY-ST-ZIP	SPRING HILL FL	2 CITY-ST-ZIP	
3 TITLE		3 TITLE	☐ Change ☐ Addition
3 NAME		3 NAME	
3 STREET ADDRESS		3 STREET ADDRESS	
3 CITY-ST-ZIP		3 CITY-ST-ZIP	
4 TITLE		4 TITLE	☐ Change ☐ Addition
4 NAME		4 NAME	
4 STREET ADDRESS		4 STREET ADDRESS	
4 CITY-ST-ZIP		4 CITY-ST-ZIP	
5 TITLE		5 TITLE	☐ Change ☐ Addition
5 NAME		5 NAME	
5 STREET ADDRESS		5 STREET ADDRESS	
5 CITY-ST-ZIP		5 CITY-ST-ZIP	
6 TITLE		6 TITLE	☐ Change ☐ Addition
6 NAME		6 NAME	
6 STREET ADDRESS		6 STREET ADDRESS	
6 CITY-ST-ZIP		6 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 with an asterisk or an attached list with an asterisk.

SIGNATURE: W.J. Bylsma 4/28/95 (904) 596-4411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0388442 CP