

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J44724** (9)

1. Corporation Name

E.R.A. GREAT SOUTH REALTY, INC.



Principal Place of Business

Mailing Address

1006 FREEPORT RD.
P.O. BOX 710
DEFUNIAK SPRINGS FL 32433

1006 FREEPORT RD.
P.O. BOX 710
DEFUNIAK SPRINGS FL 32433

3. Date Incorporated or Qualified **12/02/1986** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 **917 U.S.Hwy.S.**

26 **917 U.S.Hwy.S.**

4. FEI Number **59-2740894** Applied For ☐ Not Applicable ☐

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

22 **P.O. Box 710**

27 **P.O. Box 710**

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

City & State

City & State

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

23 **DeFuniak Sp, Fl**

28 **DeFuniak Sp, Fl**

24 **32433** 25 **Walton**

29 **32433** 30 **Walton**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILLER, GEORGE RALPH
105 E. NELSON AVE.
DEFUNIAK SPRINGS FL 32433**

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, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PVS** ☐ DELETE
NAME **HUGGINS, DIANE E.**
STREET ADDRESS **1006 FREEPORT RD.**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(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: **Diane E. Huggins**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96 (904)892-9424

Date

Daytime Phone #

CR2E034 (12/95)