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 APR 21 PM 11:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J78461** **(7)**

1. Corporation Name
AVALON REALTY GROUP, INC.

Principal Place of Business	Mailing Address
24 NW 33RD CT B-1 GAINESVILLE FL 32607 US	24 NW 33RD CT B-1 GAINESVILLE FL 32607 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/18/1987
3a. Date of Last Report: 02/02/1994

4. FEI Number: 59-2915753 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 10323 NW 34th Lane	26 2606 NW 58th Blvd
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Gainesville, FL	28 City & State: Gainesville, FL
24 Zip: 32606 25 Country: ALACHUA	29 Zip: 32606 30 Country: Alachua

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LASH CUSTOM HOMES INC. 2606 NW 58TH BLVD GAINESVILLE FL 32606	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: Susan D. Lash — 3/9/95
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	DP	11 TITLE	☑ Change ☐ Addition
NAME	LASH, ROBERT A.	12 NAME	Lash, Robert A
STREET ADDRESS	1917 S W 86TH TERR	13 STREET ADDRESS	10323 NW 34th Lane
CITY-ST-ZIP	GAINESVILLE FL	14 CITY-ST-ZIP	Gainesville FL 32606-5088
TITLE	EVP	21 TITLE	☑ Change ☐ Addition
NAME	LASH, SUSAN	22 NAME	Lash, Susan
STREET ADDRESS	1917 S W 86TH TERR	23 STREET ADDRESS	10323 NW 34th Lane
CITY-ST-ZIP	GAINESVILLE FL	24 CITY-ST-ZIP	Gainesville FL 32606-5088
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

000001465250
-04/26/95--01057--001
****400.00 ****200.00

CH

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)(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.

SIGNATURE: Robert Lash 3/9/95 904-331-6003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0033650 CP