FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # LANGFORD REALTY, INC. Principal Place of Business Mailing Address 13575 SANDY KEY DR. 13575 SANDY KEY DR. #117 PENSACOLA FL 32507 PENSACOLA FL 32507 3. Date Incorporated or Qualified 3a. Date of Last Report 06/30/1987 08/24/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-2836076 Not Applicable 26 \$8.75 Additional Saite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees

LANGFORD, CECELIA F. 82 Street Address (P.O. Box Number is Not Acceptable) 13575 PERDIDO KEY DR. #118 83 PENSACOLA FL 32507 City 85 Zip Code 84

Country

81 Name

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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 registerent apport and the inaccessable (NOTE: Redistance Audit signature reviously when revisitating) DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELE TE [] Change ☐ Addition 1. 1 TITLE TITLE LANGFORD, CECELIA F. NAME 13575 SANDY KEY DRIVE 1.3 STREET ADDRESS STREET ADDRESS PENSACOLA FL 1.4 CITY - ST- ZIP CITY-ST-ZIP Addition ☐ Change □ DELETE 2 1 Title TITLE LANGFORD, CECELIA F. 2.2 NAME NAME 13575 SANDY KEY DR. #118 2.3 STREET ADDRESS STREET ADDRESS PENSACOLA FL 24 CITY - ST - ZIP C!TY+ST-ZIP DELETE Change Addition 3 1 TITLE TITLE 3.2 NAME NAME 3.3. STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP DELFTE Change ☐ Addition TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Addition Change DELETE TITLE 5 * DILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP DITY-ST-ZIP DELETE ☐ Change Addition 6 1 TITLE 6.2 NAME 6 3 STREET ADDRESS STREET ADDRESS 64 CITY - S1 - ZIP CHTY - ST - ZIP

14. Ido 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: Cacolia 7 · Rang of SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Zip

Country

9. Name and Address of Current Registered Agent

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04/05/96 904-492-4469

8. This corporation has liability for intangible tax under s. 199.032.

10. Name and Address of New Registered Agent

Florida Statutes

Yes No

CR2E034