

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 # K83931

(1)

1. Corporation Name

DAWN MARIE REALTY, INC.



Principal Place of Business

5213 1 AVE S  
SUITE B  
ST PETERSBURG FL 33707  
US

Mailing Address

5213 1 AVE S  
SUITE B  
ST PETERSBURG FL 33707  
US

3. Date Incorporated or Qualified

04/27/1989

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21 5213 1<sup>st</sup> AVE SO  
Suite, Apt. #, etc.

2a. Mailing Address

26 5213 1<sup>st</sup> AVE SO  
Suite, Apt. #, etc.

4. FEI Number

59-2945596

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

23 City & State  
St. Petersburg, FL

24 Zip Country  
33707 USA

28 City & State  
St. Petersburg, FL

29 Zip Country  
33707 USA

9. Name and Address of Current Registered Agent

HALVORSEN, DAWN MARIE  
6940 11TH AVENUE NORTH  
ST. PETERSBURG FL 33710

10. Name and Address of New Registered Agent

8. 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 DAWN MARIE HALVORSEN

Signature, typed or printed name of registered agent, if applicable.

(NOTE: Registered agent signature required when re-stating.)

Dawn Marie Halvorsen

4/22/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS HALVORSEN, DAWN MARI  
CITY-ST-ZIP 6940 11TH AVE. NO.  
ST. PETERSBURG FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14. CITY-ST-ZIP

15. CITY-ST-ZIP

16. CITY-ST-ZIP

17. CITY-ST-ZIP

18. CITY-ST-ZIP

19. CITY-ST-ZIP

20. CITY-ST-ZIP

21. CITY-ST-ZIP

22. CITY-ST-ZIP

23. CITY-ST-ZIP

24. CITY-ST-ZIP

25. CITY-ST-ZIP

26. CITY-ST-ZIP

27. CITY-ST-ZIP

28. CITY-ST-ZIP

29. CITY-ST-ZIP

30. CITY-ST-ZIP

31. CITY-ST-ZIP

32. CITY-ST-ZIP

33. CITY-ST-ZIP

34. CITY-ST-ZIP

35. CITY-ST-ZIP

36. CITY-ST-ZIP

37. CITY-ST-ZIP

38. CITY-ST-ZIP

39. CITY-ST-ZIP

40. CITY-ST-ZIP

41. CITY-ST-ZIP

42. CITY-ST-ZIP

43. CITY-ST-ZIP

44. CITY-ST-ZIP

45. CITY-ST-ZIP

46. CITY-ST-ZIP

47. CITY-ST-ZIP

48. 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: DAWN M. HALVORSEN (PRESIDENT)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dawn Marie Halvorsen

4/22/96

(813) 328-7800

Daytime Phone #

CR2E034 (12/95)