

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 AM 7:37

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # K85645 (5)
1. Corporation Name
MID-FLORIDA REAL ESTATE INFORMATION, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business
**% EVERETT S. GRAVES
6058 W. DOUNERAY LOOP
CRYSTAL RIVER FL 32629**

Mailing Address
**% EVERETT S. GRAVES
6058 W. DOUNERAY LOOP
CRYSTAL RIVER FL 32629**

3. Date Incorporated or Qualified
05/04/1989

3a. Date of Last Report
05/01/1994

4. FEI Number
59-2943712

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**

9. This corporation has liability for intangible tax under S. 190.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21

Suite, Apt. #, etc.
22

City & State
23

Zip
24

Country
25

2a. Mailing Address
26

Suite, Apt. #, etc.
27

City & State
28

Zip
29

Country
30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRAVES, EVERETT S.
6058 WEST DOUNERAY LOOP
CRYSTAL RIVER FL 32829**

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 title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	0	1.1 TITLE	☐ Change ☐ Addition
NAME	GRAVES, EVERETT S.	1.2 NAME	
STREET ADDRESS	6058 W DOUNERAY LOOP	1.3 STREET ADDRESS	
CITY- ST- ZIP	CRYSTAL RIVER FL	1.4 CITY- ST- ZIP	
TITLE	0	2.1 TITLE	☐ Change ☐ Addition
NAME	GRAVES, BRENDA P.	2.2 NAME	
STREET ADDRESS	6058 W DOUNERAY LOOP	2.3 STREET ADDRESS	
CITY- ST- ZIP	CRYSTAL RIVER FL	2.4 CITY- ST- ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sandra B. Norham / Brenda P. Graves 4-25-95 904-795-8891

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #