

FILE NOW: FILING FEE AFTER MAY 1ST IS ~~\$550.00~~

FILED
Jun 01, 2000 8:00 am
Secretary of State

06-01-2000 90277 001 ***300.00

PROFIT CORPORATION ANNUAL REPORT
 1999-2000
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **L 20566**
 1. Corporation Name
Your Realty Firm, Inc.

Principal Place of Business Mailing Address
2058A E. Edgewood Dr. P.O. Box 1763
Lakeland, Fl. 33803 Eaton Park, Fl.
33840

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
10/5/89
 4. FEI Number
59-2972970
 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 owes the current year Intangible Personal Property Tax. Yes No

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip Country	28. Zip Country
25.	29.
30.	

9. Name and Address of Current Registered Agent
George W. McGee
2025 Sylvester Road, S-1
Lakeland, Fl 33803

10. Name and Address of New Registered Agent
 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George W. McGee	1.2 NAME	
STREET ADDRESS	2025 Sylvester Road, S-1	1.3 STREET ADDRESS	
CITY-ST-ZIP	Lakeland, Fl 33803	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: _____ May 1, 2000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 941-667-0991

#L 20566

Attachment 16886

24	Zip	Country	25	Zip	Country	29	30	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Name and Address of Current Registered Agent								10. Name and Address of New Registered Agent	
George W. McGee 2025 Sylvester Road, S-1 Lakeland, FL 33803								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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1: <input type="checkbox"/> Change <input type="checkbox"/> Ad			
TITLE	President	1.1 TITLE		1.2 NAME		1.3 STREET ADDRESS	
NAME	George W. McGee	1.4 CITY-ST-ZIP		2.1 TITLE		2.2 NAME	
STREET ADDRESS	2025 Sylvester Road, S-1						
CITY-ST-ZIP	Lakeland, FL 33803 <input type="checkbox"/> DELETE						

24	Zip	Country	25	Zip	Country	29	30	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Name and Address of Current Registered Agent								10. Name and Address of New Registered Agent	

George W. McGee 2025 Sylvester Road, S-1 Lakeland, FL 33803								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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1: <input type="checkbox"/> Change <input type="checkbox"/> A			
TITLE	President	1.1 TITLE		1.2 NAME		1.3 STREET ADDRESS	
NAME	George W. McGee	1.4 CITY-ST-ZIP		2.1 TITLE		2.2 NAME	
STREET ADDRESS	2025 Sylvester Road, S-1			2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
CITY-ST-ZIP	Lakeland, FL 33803 <input type="checkbox"/> DELETE			3.1 TITLE		3.2 NAME	
TITLE		3.3 STREET ADDRESS					
NAME							
STREET ADDRESS							
CITY-ST-ZIP							