

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **L26305** (7)
1. Corporation Name:
REAL ESTATE RESOURCES AND INVESTMENTS, INC.

APPROVED
AND
FILED
95 MAY -1 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
C/O FRANK W. MOSELEY
8900 NORTH ARMENIA AVENUE, SUITE 304
TAMPA FL 33604

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		10/30/1989		11/04/1994	
22		27		4. PFI Number		Applied Fee	
23		28		59-2974846		Not Applicable	
24		29		5. Certificate of Status Desired		8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
26		31		7. This corporation has liability for intangible tax under S. 194.04?		Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MOSELEY, FRANK W. 8900 NORTH ARMENIA AVENUE SUITE 304 TAMPA FL 33612				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 192.04(2) and 194.04, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in part or in whole of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with and I accept the obligations of this position under Florida Statutes.

Signature of Registered Agent: _____ Date: _____
Name of Registered Agent: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
1. NAME: PST MOSELEY, FRANK W. 2. STREET ADDRESS: 8900 N.ARMENIA AVE., #304 3. CITY: TAMPA FL		1. NAME: _____ 2. STREET ADDRESS: _____ 3. CITY: _____	
4. NAME: MOSELEY, FRANK W. 5. STREET ADDRESS: 8900 N.ARMENIA AVE., #304 6. CITY: TAMPA FL		4. NAME: _____ 5. STREET ADDRESS: _____ 6. CITY: _____	
7. NAME: _____ 8. STREET ADDRESS: _____ 9. CITY: _____		7. NAME: _____ 8. STREET ADDRESS: _____ 9. CITY: _____	
10. NAME: _____ 11. STREET ADDRESS: _____ 12. CITY: _____		10. NAME: _____ 11. STREET ADDRESS: _____ 12. CITY: _____	
13. NAME: _____ 14. STREET ADDRESS: _____ 15. CITY: _____		13. NAME: _____ 14. STREET ADDRESS: _____ 15. CITY: _____	
16. NAME: _____ 17. STREET ADDRESS: _____ 18. CITY: _____		16. NAME: _____ 17. STREET ADDRESS: _____ 18. CITY: _____	
19. NAME: _____ 20. STREET ADDRESS: _____ 21. CITY: _____		19. NAME: _____ 20. STREET ADDRESS: _____ 21. CITY: _____	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law (see 192.04(2)(b), Florida Statutes). I further certify that the information included on this annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of this corporation or the receiver or trustee empowered to execute the report as required by Chapter 192, Florida Statutes, and that my name appears on the back of this block and changed, if necessary, with an attachment.

SIGNATURE: Frank W. Moseley 4/29/95 (813) 931-5626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR