

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L42909 (6)

1. Corporation Name

GENERAL REAL ESTATE ASSOCIATES, INC.

Principal Place of Business

% H. GREG LEE
2014 FOURTH ST
SARASOTA FL 34237

Mailing Address

% H. GREG LEE
2014 FOURTH ST
SARASOTA FL 34237

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/16/1990

3a. Date of Last Report

08/15/1994

4. FEI Number

65-0181553

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. 189.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21 917 S. Tamiami Trail

2a. Mailing Address

26 P.O. Box 2975

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Nokomis FL

City & State

28 Sarasota FL

Zip

24 34271

County

25 Sarasota

Zip

29 34230-2175

Country

30 Sarasota

9. Name and Address of Current Registered Agent

LEE, H. GREG
2014 FOURTH ST
SARASOTA FL 34237

10. Name and Address of New Registered Agent

81 Name

Joseph D. Finnegan

82 Street Address (P.O. Box Number is Not Acceptable)

1922 Victoria Avenue

83

Suite B

84 City

Fort Myers

FL

85 Zip Code

33901

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
FINNEGAN, JOSEPH DANIEL
906 COUNTRY CLUB CIRCLE
VENICE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
X Change ☐ Addition
5619 New York Avenue
Sarasota FL 34231-8420

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/95

Date

813-338-2676

Telephone Number