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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # L55181 1. Corporation Name

(6)

- FIRST VILLAGE REALTY, INC. JACK KILEY REALTY, INC.

Mailing Address



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980 BICHARA BLVD. LADY LAKE FL 32159-2705 US		980 BICHARA BLVD. LADY LAKE FL 3215 US		3. Date incorporated or Qualified 03/02/1990	3a. Date of Las	t Report / 1995
				4. FEI Number	1 J	Applied For
Throipart add of Estatement		2a. Maling Address		59-2995173	<u> </u>	Not Applicabl
		26			\$8.	75 Additional
Suite, Apt. #, etc.		Suite, Aprt. #, etc		5. Certificate of Status Desired Fee Required		
City & State		Orty & State		Flection Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	28	Country 30	8. This corporation has liability for	intangible tax unde	rs 199.032,
	9. Name and Address of Currer	29	130	10. Name and Address of New F	legistered Agent	
LADY U	NIDA CENTRAL AKE FL 32159 the provisions of Sections 607,050 lagent, or both, in the State of Fior and accept the obligations of, Sec	nda Socii charge was addion Lon 697.0595, Florida Statute	es.	ration submits this statement for the purific of directors. Thereby accept the app		Zip Code its registered of ered agent. I am
SIGNATURE Sylvarian, typica or printed particled registers Lapier Lance to the tracker office. DV			järte. Big voied Ajin I signahim redur	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
2.	OFFICERS AND DIRECTORS		13.			
ILF	PSD	☐ DETELE	1 1 107L6			go
MÉ	KILEY, JOHN F.		1.2 NAME			
REET ADDRESS	38829 BERCHFIELD ROAL	0	1.3 STREET ADDRESS			
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NAME 6.3 STREET ADDRESS STREET ADDRESS 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name annual report is 13 if changing or on an attachment with an address. 64 CITY - ST - ZIP

4.2 NAME

5 | T!TLE

5.2 NAME

4.3 STHEET ADDRESS

5.3 STREET ADDRESS

5.4 City St-202

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6.2 NAME

4.4 CITY - ST - ZIP

SIGNATURE:

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CITY-ST-ZIP

appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFI

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