

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 25 AM 8:57

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L67172

(1)

1. Corporation Name

MRA REALTY, INC.

Principal Place of Business

**C/O THOMAS A. BABCOCK
261 MARINA DRIVE
FORT PIERCE FL 34949**

Mailing Address

**C/O THOMAS A. BABCOCK
261 MARINA DRIVE
FORT PIERCE FL 34949**

DO NOT WRITE IN THIS SPACE.

2. Date Incorporated or Qualified

04/23/1990

3a. Date of Last Report

04/19/1994

4. FBI Number

65-0198621

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. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

23. City & State

23

Zip

Country

27. City & State

27

Zip

Country

24

25

28

30

9. Name and Address of Current Registered Agent

**BABCOCK, THOMAS A.
261 MARINA DRIVE
FORT PIERCE FL 34949**

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

4/7/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME

**PST
BABCOCK, THOMAS A.
261 MARINA DRIVE
FORT PIERCE FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME

**D
BABCOCK, THOMAS A.
261 MARINA DRIVE
FORT PIERCE FL**

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

☐ Change ☐ Addition

TITLE
NAME

**D
BABCOCK, THOMAS A.
261 MARINA DRIVE
FORT PIERCE FL**

3.1 TITLE
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☐ Change ☐ Addition

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☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas A. Babcock

Date

Daytime Phone #

4/7/95 (407)465-4373