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

PROFIT CORPORATION ANNUAL REPORT 1998

officer or director of the corporat Block 12 or Block 13 if changes.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

NORTHWEST FLORIDA REALTY, INC.

FILED										
05 19	998	8:00am								
retar	y of	State								
	05 1	FILED 05 1998 retary of								

Principal Plac 846 MAIN ST CHIPLEY FL S US		Mailing Address 846 MAIN ST CHIPLEY FL 32428 US				DO NOT WRITE IN TH		
	_					06/08/1990		
· ·	lace of Business	2a. Mailing Address				4. FEI Number	A	pplied For
Sulte, Apt.	# etc	Suite, Apt. #, etc.				59-3012901		ot Applicable
22		27				5. Certificate of Status Desired		Additional equired
City & Stat		City & State				6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip 24	Country 25		Count 30	try		This corporation owes or has paid the Personal Property Tax due June 30.	Yes [tangible No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Register	ed Agent	
	RTER, STANLEY M		Į.e	31	Name			
	92 CHURCH ST		8	32	Street Addre	ess (P.O. Box Number is Not Acceptable)		
CH	IIPLEY FL 32428		2	33				
			8	14	City	F	85 Zip	Code
office or r agent. I a SIGNATURE	egistered agent, or both, in the State or familiar with, and accept the obligation Signature, speed or protections and registered agents.	of Horida Such change was a dions of, Section 607.0505, Flo	uthorized rida Statut Registered A	by los.	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the a divined when reinstating) DATE	appointment as	registered
12.	OFFICE HS AND		13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PD Porter, Stanley M	☐ DELETE	1.1 TITLE				☐ Change	Addition
NAME STREET ADDRESS	1292 CHURCH ST		1.2 NAM		ADDDECC			
CITY-ST-ZIP	CHIPLEY FL		1.4 CITY		ADDRESS 740			
TITLE	8TD	DELETE	2 1 THLE		7711		Change	Addition
NAME	PORTER, GAIL G		2.2 NAM	2.2 NAME				
STREET ADORESS	1292 CHURCH ST	•	2.3 STRE	ET A	ADDRESS			
CITY-ST-ZIP	CHIPLEY FL		2. 4 CITY	/- S T	r - ZIP			
TITLE		☐ DELETE	3.1 TITLE				L Change	Addition
NAME PARCET APPRISON			3.2 NAM					
STREET ADDRESS			3.3 STRE					
CITY-ST-ZIP		DELETE	3.4 CITY 4.1 TITLE	•	- 218		Change	Addition
NAME		<u> </u>	4. 2 NAM					
STREET ADDRESS			4.3 STRE		ADDRESS			
CITY-ST-ZIP			4.4 CITY	- 51-	- ZIP			
TITLE		DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAM	E				
STREET ADDRESS			53 STRE	£1 A	ADDRESS			
CITY-ST-ZIP		Topics	5.4 CiTY		- ZIP			
TITLE		DELETE	6 1 111LE				☐ Change	☐ Addition
NAME CTREET ADDRESS	\wedge		6.2 NAM		DDDGGG			
STREET ADDRESS	\wedge /)		6.3 STRE					
14. I hereby c	ertify that the information propried wi	th this filing does not qualify the	64 CiTY r the exem	-st- ptic	on stated in S	Section 119.07(3)(i), Florida Statutes, I further	certify that the	information
indicated officer or o	on this annual report or purplemental director of the corporation of the rece	annual report is true and accurrence to	ate and t ecute this	hat s re	t my signature eport as requi	Section 119.07(3)(i), Florida Statutes. I further e shall have the same legal effect as if made ired by Chapter 607, Florida Statutes; and the	under oath; tha at my name ap	at I am an pears in