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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Mar 06, 1999 8:00 am **Secretary of State**

03-06-1999 90061 020 \*\*\*150.00

## **DOCUMENT # L98318**

1. Corporation Name

MALLMANK HEAL ESTATE SERVICES, TNC.			`
DAYSTAR	REAL	ESTATE	SERVICES, IN
Principal Place of Business		Mailing Address	

415-S FLORIDA BLANGA 415 S FLORIDA BLANCA PENSACOLA FL 32301 DO NOT WRITE IN THIS SPACE PENSACOLA FL 32501 3. Date Incorporated or Qualifed 09/01/1990 Applied For 2a. Mailing Address 4. FEI Number 2. Principal Place of Business 917 N.127 AVE a ... **NOT APPLICABLE** Not Applicable Suite, Apt. #, etc. \$8.75 Additional\_ 5. Certifcate of Status Desired Fee Required A 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Country 8. This corporation owes the current year Intangible Personal Property Tax. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HALL, JERRY ress (P.O. Box Number is Not Acceptable)

NORTHROP

R 82 4470 LA-JOLLA-PENSACOLA FL-32504 83 Zip Code 84 85 MILTON 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, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change DELETE 1.1 TITLE TITLE HALL, JERRY HALL, JERRY 1.2 NAME NAME 5740 NORTHROP ROAD 4470-LA-JOLLA 1.3 STREET ADDRESS STREET ADDRESS PENSACOLA FL 32504 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ DELETE 3.1 TITLE TITLE 3 2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change DELETE 41 TITLE TITLE NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition DELETE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 eath; 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, on on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

CR2E034 (11/98