

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **M 86596**
 1. Entity Name
O. FRANKLIN WOLFE REALTY CORP

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 05 AUG -8 PM 4:04

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4125 S.W. MARTIN HIGHWAY		3. Mailing Address (SAME)	
Suite, Apt. #, etc. SUITE # 5		Suite, Apt. #, etc. (SAME)	
City & State PALM CITY, FL.		City & State (SAME)	
Zip 34990	Country USA	Zip 34990	Country USA

DO NOT WRITE IN THIS SPACE

4. FEL Number 650069375	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name O. F. WOLFE
Street Address (P.O. Box Number is Not Acceptable) 4125 S.W. MARTIN HIGHWAY
SUITE # 5
City PALM CITY FL 34990

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECT. / TREASURER ALLEN POTTS MORGAN 4285 S.E. COVE LAKE DR # 208
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STUART FLORIDA, 34994
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13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowerments.

SIGNATURE:  **08.05.05 772.631.4405**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)