

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Candora B. Northing
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 12: 01

DOCUMENT # **M89431** (4)

Company Name
TEMPLETON REALTY, INC.

Place of Business: **MARGARET E. TEMPLIN, 300 NORTH C.R. 427, #215, LONGWOOD FL 32750**
Mailing Address: **C/O MARGARET E. TEMPLIN, 300 NORTH C.R. 427, #215, LONGWOOD FL 32750, US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/06/1988** 3a. Date of Last Report: **03/16/1994**
4. FEI Number: **59-2901722** 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

21. Place of Business: **N. Kirkman Rd, Suite "B", ORLANDO, FLORIDA 32811**
22. Mailing Address: **121 N. Kirkman Rd, Suite "B", ORLANDO, FL 32811**
23. City & State: **ORLANDO, FL**
24. Zip: **32811** 25. Country: **ORANGE** 29. Zip: **32811** 30. County: **ORANGE**

9. Name and Address of Current Registered Agent: **TEMPLIN, MARGARET E., 1102 N. COUNTY RD 427 #B, LONGWOOD FL 32750**
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code: **FL**

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: *Margaret Ellen Templin*, **MARGARET ELLEN TEMPLIN**, 4/19/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PST	NAME: TEMPLIN, MARGARET E.	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 150 S. COUNTY ROAD 427, SUITE 215	CITY ST ZIP: LONGWOOD FL	1.2 NAME:	
		1.3 STREET ADDRESS: 121 N. Kirkman Rd, Suite "B"	
		1.4 CITY ST ZIP: ORLANDO, FL 32811	
TITLE:	NAME:	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:		2.2 NAME:	
CITY ST ZIP:		2.3 STREET ADDRESS:	
		2.4 CITY ST ZIP:	
		3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		3.2 NAME:	
		3.3 STREET ADDRESS:	
		3.4 CITY ST ZIP:	
		4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.2 NAME:	
		4.3 STREET ADDRESS:	
		4.4 CITY ST ZIP:	
		5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.2 NAME:	
		5.3 STREET ADDRESS:	
		5.4 CITY ST ZIP:	
		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.2 NAME:	
		6.3 STREET ADDRESS:	
		6.4 CITY ST ZIP:	

REPRINTED BY MAY 1

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 supplemental annual 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 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, or on an attachment with an address.
SIGNATURE: *Margaret Ellen Templin*, **MARGARET ELLEN TEMPLIN**, April 19, 1995 (409) 830-6610