

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M89431** (4)

1. Corporation Name
TEMPLIN REALTY, INC.



Principal Place of Business
**121 N. KIRKMAN RD.
SUITE B
ORLANDO FL 32811
US**

Mailing Address
**121 N. KIRKMAN RD.
SUITE B
ORLANDO FL 32811
US**

3. Date Incorporated or Qualified **07/06/1988**
3a. Date of Last Report **05/01/1995**

2. Principal Place of Business
21 **815 S. Volusia Avenue**
Suite, Apt. #, etc. **Suite 3**
City & State **ORANGE City, FL**
Zip **32763** Country **Volusia**

2a. Mailing Address
26 **815 S. Volusia Ave**
Suite, Apt. #, etc. **Suite 3**
City & State **ORANGE City, Florida**
Zip **32763** Country **Volusia**

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

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 **Margaret E. Murphy**
82 Street Address (P.O. Box Number is Not Acceptable) **245 Eldorado Drive**
83
84 City **DeBary** FL 85 Zip Code **32713**

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 Murphy - Resident* **MARGARET ELLEN MURPHY** *April 10, '96*
Signature typed or printed name of registered agent at the bottom of the Registered Agent signature required when registering PRESIDENT DATE

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	TEMPLIN, MARGARET E.	<i>change due to marriage</i>
STREET ADDRESS	121 N. KIRKMAN RD., SUITE B	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Murphy, Margaret E.
1.3 STREET ADDRESS	<i>Same person - just name change due to marriage</i>
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
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	

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 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, or on an attachment with an address.

SIGNATURE: *Margaret E. Murphy - Pres.* **MARGARET E. MURPHY - PRESIDENT** *April 10, 1996* (904) 775-3535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (12/95)