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 # **M91446** **(8)**

1. Corporation Name

TRISTAN REALTY, INC.

Principal Place of Business	Mailing Address
1010 FORT PICKENS RD (32561) PO BOX 1611 PENSACOLA BEACH FL 32562	1010 FORT PICKENS RD (32561) PO BOX 1611 PENSACOLA BEACH FL 32562

3. Date Incorporated or Qualified: 07/27/1988
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21 913 Gulf Breeze Pkwy	26 P O Box 1611
Suite, Apt. #, etc. 22 Harbourtown #44	Suite, Apt. #, etc. 27
City & State 23 Gulf Breeze, FL	City & State 28 Gulf Breeze, FL
Zip / Country 24 32561 / 25 USA	Zip / Country 29 32562 / 30 USA

4. FEI Number: 59-2903365 ☐ 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

NORMAN, JR., C GEORGE
1010 FT PICKENS ROAD
PENSACOLA BEACH FL 32561

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 913 Gulf Breeze Pkwy

83 Harbourtown #44

84 City: Gulf Breeze **FL** 85 Zip Code: 32561

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: _____ C. George Norman, Jr. VP 4/20/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	NORMAN, C. GEORGE, JR.		1.2 NAME		
STREET ADDRESS	1010 FT PICKENS RD		1.3 STREET ADDRESS	913 Gulf Breeze Pkwy, #44	
CITY-ST-ZIP	PENSACOLA BEACH FL		1.4 CITY-ST-ZIP	Gulf Breeze, FL 32561	
TITLE	PD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	NORMAN, FRANCES L.		2.2 NAME		
STREET ADDRESS	1010 FT PICKENS RD		2.3 STREET ADDRESS	913 Gulf Breeze Pkwy, #44	
CITY-ST-ZIP	PENSACOLA BEACH FL		2.4 CITY-ST-ZIP	Gulf Breeze, FL 32561	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	700001835647	
STREET ADDRESS			5.3 STREET ADDRESS	-05/22/96--01119--014	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***200.00	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

5/1/96

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: _____ 4/20/96 904-932-7363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

C. George Norman, Jr.

CR2E034 (12/95)