

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M95086** (8)

1. Corporation Name
HUTTINGER REALTY, INC.

Principal Place of Business 1060 SR 206 EAST ST. AUGUSTINE FL 32086 US	Mailing Address 1060 SR 206 EAST ST. AUGUSTINE FL 32086 US
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Zip 29
Country 25	Country 30

9. Name and Address of Current Registered Agent
**POOLE, SHARON
20 CORDOVA STREET
ST. AUGUSTINE FL 32084**

APPROVED
AND
FILED

95 MAY -1 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/19/1988	3a. Date of Last Report 08/08/1994
4. FPI Number 59-2906619	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
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

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 Sharon Poole 4/24/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME HUTTINGER, LINDA JEWELL	1. TITLE ☐ Change ☐ Addition	
STREET ADDRESS 1060 SR 206 E.		2. NAME	
CITY, ST., ZIP ST. AUGUSTINE FL		3. STREET ADDRESS	
TITLE President	NAME Linda J. Huttinger	4. CITY, ST., ZIP	
STREET ADDRESS 1060 SR 206 E		5. TITLE ☐ Change ☐ Addition	
CITY, ST., ZIP St. Augustine, Fla. 32086		6. NAME	
TITLE	NAME	7. STREET ADDRESS	
STREET ADDRESS		8. CITY, ST., ZIP	
CITY, ST., ZIP		9. TITLE ☐ Change ☐ Addition	
TITLE	NAME	10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST., ZIP		12. CITY, ST., ZIP	
TITLE	NAME	13. TITLE ☐ Change ☐ Addition	
STREET ADDRESS		14. NAME	
CITY, ST., ZIP		15. STREET ADDRESS	
TITLE	NAME	16. CITY, ST., ZIP	
STREET ADDRESS		17. TITLE ☐ Change ☐ Addition	
CITY, ST., ZIP		18. NAME	
TITLE	NAME	19. STREET ADDRESS	
STREET ADDRESS		20. 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 190.01(4)(b), 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 available as director of the corporation or the officer or business representative to execute this report as required by Chapter 687, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: Linda J. Huttinger President 4/24/95 904-744-0411