

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N92000000722 (0)

1. Corporation Name

WAUCHULA BOARD OF REALTORS, INC.

Principal Place of Business

Mailing Address

234 S 6TH AVE
WAUCHULA FL 33873
US

234 S 6TH AVE
WAUCHULA FL 33873
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

WRIGHT, LEIGH R
234 S 6TH AVE
WAUCHULA FL 33873

3. Date Incorporated or Qualified

12/10/1992

4. FEI Number

65-0413826

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DST
NAME WRIGHT, LEIGH R
STREET ADDRESS 234 S 6TH AVE
CITY-ST-ZIP WAUCHULA FL

☐ DELETE

TITLE VP
NAME SEE, JAMES V JR
STREET ADDRESS 234 S 6TH AVE
CITY-ST-ZIP WAUCHULA FL 33873

☐ DELETE

TITLE DP
NAME STALLINGS, JAMES L
STREET ADDRESS 1808 KAZEN ROAD
CITY-ST-ZIP WAUCHULA FL 33873

☒ DELETE

TITLE D
NAME DAVIS, JOE L JR.
STREET ADDRESS 234 S. 6 AVE.
CITY-ST-ZIP WAUCHULA FL 33873

☐ DELETE

TITLE D
NAME SEE, TOPSY
STREET ADDRESS JOE DAVIS SUBDIVISION
CITY-ST-ZIP WAUCHULA FL 33873

☐ DELETE

TITLE D
NAME ROBERTS, LAWRENCE A
STREET ADDRESS 220 NORTH 6 AVE
CITY-ST-ZIP WAUCHULA FL 33873

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jul 08 1998 8:00am
Secretary of State



CR2E037 (5/98)