

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000004916 (3) 1. Corporation Name THE REAL ESTATE GROUP OF MARION COUNTY, INC.
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FILED
 95 JAN 25 PM 12:52
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 1531 NE 2 ST OCALA FL 34470	Mailing Address 3960 W. SILVER SPRINGS BLVD. OCALA FL 34482 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 10/25/1993	3a. Date of Last Report 06/17/1994
4. FEI Number 59-3232243	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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent DOZIER, G. SHEPPARD W 9 NE 1 AVE OCALA FL 34470	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
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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD STAFFORD, DAVID 1901 SE FT. KING ST. OCALA FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PD HUTCHINSON, NANCY 2537 SE 17th ST. OCALA, FL 34471 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HUTCHINSON, NANCY 2537 SE 17 ST. OCALA FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	VP DYKSTRA, JAKE 710 E SILVER SPRINGS BLVD. OCALA, FL 34471 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LOWE, SUSAN 925 17 ST., APT. A OCALA FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	SD MEADOWS, SHERRI 8926 SW 27th AVE. OCALA, FL 34476 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MILLER, EILEEN 3960 W. SILVER SPRINGS BLVD. OCALA FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	 ZIP 34482 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TYRRELL, FRED 535 NE 36 AVE OCALA FL 34471	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	 ☐ Change ☐ Addition

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 110.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Eileen Miller EILEEN MILLER 1-20-95 (904) 732-0597
 SIGNATURE AND TYPED OR PRINTED NAME OF MOVING OFFICER OR DIRECTOR Date (Typed Name)