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FILED

May 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000004916 (3)

1. Corporation Name

THE REAL ESTATE GROUP OF MARION COUNTY, INC.



Principal Place of Business

917 E. SILVER SPRINGS BLVD.
OCALA FL 34470
US

Mailing Address

P.O. BOX 770172
OCALA FL 34477-0172
US3. Date Incorporated or Qualified
10/25/19933a. Date of Last Report
04/12/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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25

29

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4. FEI Number
59-3232243Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. 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

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 PD ☒ DELETE
NAME SHERRI MEADOWS
STREET ADDRESS 917 EAST SILVER SPRINGS BLVD.
CITY-ST-ZIP Ocala FLTITLE VPD ☐ DELETE
NAME MARY MODROVSKY
STREET ADDRESS 535 NE 38TH AVE.
CITY-ST-ZIP Ocala FLTITLE TD ☐ DELETE
NAME LEROY FARLESS
STREET ADDRESS 7851 SW SR 200
CITY-ST-ZIP Ocala FLTITLE SD ☐ DELETE
NAME JEANNE WEAVER
STREET ADDRESS 2137 SE FORT KING STREET
CITY-ST-ZIP Ocala FLTITLE D ☒ DELETE
NAME MEIGHAN FONDA
STREET ADDRESS 535 NE 38 AVE
CITY-ST-ZIP Ocala FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME Kim Locke
1.3 STREET ADDRESS 411 NE 25th Ave
1.4 CITY-ST-ZIP Ocala, FL2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE VP D ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE S D ☐ Change ☒ Addition
6.2 NAME Brenda Fannon
6.3 STREET ADDRESS 2055 NW 60th Ave
6.4 CITY-ST-ZIP Ocala, FL

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

4-27-97

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