SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE O	ON OR BEFORE 09/30/98: \$61.25 (IF	DISSOLVED, MINIMUM AN	MOUNT DOL TO K		<i>"</i>	LED
	ONPROFIT	FLO	RIDA DEPARTA	MENT OF STATE		
	RPORATION UAL REPORT		Sandra B. M		Jul 16 19	98 8:00am
VISIA	1998	DI	Secretary of VISION OF COF		Secreta	ary of State
DOCH		<u> </u>				ny or State
1. Corporation	MENT # N930	100004916	(3)			
THE RE	AL ESTATE GROUP OF	MARION COUNT	Y. INC.			
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Principal Place of Business Mailing Address			ess			88/1/ 88/1/ 88/1/ 818/1 1618/ 1/8/1 8/1/ 1961
917 E. SILVER SPRINGS BLVD. P.O. BOX 770172			0172		3. Date Incorporated or Qualified	
OCALA FL 34470 US US		4477-0172		10/25/1993		
03		03			4. FEI Number 59-3232243	Applied For
2. Principal F	Place of Business	2a, Malling A	ddress			Not Applicable \$8.75 Additional
21		26	26		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt.	. #, etc.	Suite, Apt	. #, etc.		6. Election Campaign Financing	\$5.00 May Be
City & Stat	City & State City & State				7. Is this nonprofit corporation a ho	Added to Fees
23		28				Yes Mo
Zip	Country	Zip		Country	8. This corporation owes or has pa	
24	9. Name and Address of C	29 Surrent Registered Age		! <u> </u>	Personal Property Tax due June 10. Name and Address of New Re	
				81 Name		
DOZIER, G. SHEPPARD W				82 Street Address (P.O. Box Number is Not Acceptable)		
9 NE 1 AVE				83		
OCALA FI	L 34470			103		
	:			84 City		FL 85 Zip Code
11. Pursuant i	to the provisions of sections 617.	0502 and 617.1508, Flori	Ida Statutes, the		reporation submits this statement for the purporation's board of directors. I berefy accept the	FL_
11. Pursuant i office or re agent. I ar	to the provisions of sections 617. egistered agent, or both, in the S m familiar with, and accept the o	0502 and 617.1508, Flor date of Florida. Such cha bligations of, section 617	ida Statutes, the inge was author 7,0503, Florida S	above-named co	proration submits this statement for the purporation's board of directors. I hereby accept the	FL_
11. Pursuant i office or re agent. I ar SIGNATURE	m familiar with, and accept the o	bligations of, section 617	7,0503, Florida 8	above-named co ized by the corpo statutes.	rporation submits this statement for the purporation's board of directors. I hereby accept the required when reinstating)	FL_
agent. I ar	m familiar with, and accept the o Signature, typed or printed name of register OFFICER	bligations of, section 617	7,0503, Florida 8	above-named co ized by the corpo statutes.	re required when reinstating) ADDITIONS/CHANGES TO OFFI	DATE DATE CERS AND DIRECTORS IN 12
agent. I ar SIGNATURE 12. TITLE	m familiar with, and accept the o Signature, typed or printed name of register OFFICER	ed agent and title if applicable.	7,0503, Florida 8	above-named co ized by the corpo Statutes. tegistered Agent eignatu	re required when reinstating) ADDITIONS/CHANGES TO OFFI	PL bse of changing its registered bse of changing its registered batter batt
agent. I ar SIGNATURE 12. TITLE NAME	in familiar with, and accept the o Signature, typed or printed name of register OFFICER PD LOCKE, KIM	ed agent and title if applicable.	(NOTE: R	above-named co ized by the corpo statutes. legistered Agent eignetured 13. 1.1 TITLE 1.2 NAME	re required when reinstating) ADDITIONS/CHANGES TO OFFI PD FARLESS, LEROY	DATE DATE CERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Bignebre, typed or printed name of register OFFICEF PD LOCKE, KIM 411 N.E. 25TH AVE.	ed agent and title if applicable.	(NOTE: R	ebove-named co ized by the corpo Statutes. tegistered Agent eignetur 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFI PD FARLESS, LEROY 7651 S.W. Hwy 200	DATE DATE CERS AND DIRECTORS IN 12
agent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fignature, typed or printed name of register OFFICER PD LOCKE, KIM 411 N.E. 25TH AVE. OCALA FL	obligations of, section 617 ed agent and title if applicable. RS AND DIRECTORS	,0503, Florida 8 (NOTE: R	above-named co ized by the corpo statutes. legistered Agent eignetured 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	re required when reinstating) ADDITIONS/CHANGES TO OFFI PD FARLESS, LEROY	DATE CERS AND DIRECTORS IN 12 Change Addition
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SIGNATURE: Earl Bob Smith July 6, 1998

14. 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 to the annual report to the annual report to the annual report to the annual 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.

STREET ADDRESS

CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP