

FILE NOW: FILING FEE IS \$61.25

FILED

Jul 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000005065 (7)**

1. Corporation Name

REALSOUTH ASSOCIATES, INC.



Principal Place of Business	Mailing Address
151 SOUTHHALL LANE SUITE 245 MAITLAND FL 32751	151 SOUTHHALL LANE SUITE 245 MAITLAND FL 32751

3. Date Incorporated or Qualified

10/13/1994

4. FEI Number

59-344-9302

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GABRIELSON, W. SCOTT
225 EAST ROBINSON STREET
SUITE 600
ORLANDO FL 32801**

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

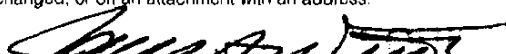
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	WEAVER, FROST	
STREET ADDRESS	7400 BAYMEADOWS WAY., STE 100	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	VCD	<input checked="" type="checkbox"/> DELETE
NAME	WILDER, JIM	
STREET ADDRESS	151 SOUTHHALL LANE., STE 245	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BURGESS, BOB	
STREET ADDRESS	500 VILLAGE BLVD., STE 330	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MCCAIN, DAVE	
STREET ADDRESS	151 SOUTHHALL LANE., STE 245	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Wilder, Jim	
1.3 STREET ADDRESS	151 Southhall Lane, Ste. 245	
1.4 CITY-ST-ZIP	Maitland, FL 32751	
2.1 TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Weaver, Frost	
2.3 STREET ADDRESS	7400 Baymeadows Way, Ste 100	
2.4 CITY-ST-ZIP	Jacksonville, FL 32256	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Grey, John	
3.3 STREET ADDRESS	6328 U.S. Hwy 19	
3.4 CITY-ST-ZIP	New Port Richey, FL 34659	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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:



JAMES A. WILDER 5/19/98 407875-1300

CR2E037 (10/97)