

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90174 042 \*\*\*\*61.25

**DOCUMENT # N94000005065**

1. Corporation Name

**REALSOUTH ASSOCIATES, INC.**

Principal Place of Business

151 SOUTHHALL LANE  
SUITE 245  
MAITLAND FL 32751

Mailing Address

151 SOUTHHALL LANE  
SUITE 245  
MAITLAND FL 32751

494479 - 90174 - 42



2. Principal Place of Business

21 **2200 LUCIEN WAY**

Suite, Apt. #, etc.

22 **SUITE 330**

City & State

23 **MAITLAND, FLORIDA**

Zip

24 **32751**

Country

25 **USA**

2a. Mailing Address

26 **P.O. Box 940430**

Suite, Apt. #, etc.

27

City & State

28 **MAITLAND, FLORIDA**

Zip

29 **32744-0430**

Country

30 **USA**

3. Date Incorporated or Qualified

**10/13/1994**

4. FEI Number

**59-3449302**

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

9. Name and Address of Current Registered Agent

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

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 ☒ DELETE

NAME **VCD**  
STREET ADDRESS **WEAVER, FROST**  
CITY-ST-ZIP **7400 BAY MEADOWS WAY, #100**  
**JACKSONVILLE FL 32256**

TITLE ☐ DELETE

NAME **CD**  
STREET ADDRESS **WILDER, JIM**  
CITY-ST-ZIP **151 SOUTHHALL LANE., STE 245**  
**MAITLAND FL 32751**

TITLE ☐ DELETE

NAME **SD**  
STREET ADDRESS **GREY, JOHN**  
CITY-ST-ZIP **6328 US HWY 19**  
**NEW PORT RICHEY FL 34659**

TITLE ☒ DELETE

NAME **T**  
STREET ADDRESS **MCCAIN, DAVE**  
CITY-ST-ZIP **151 SOUTHHALL LANE., STE 245**  
**MAITLAND FL 32751**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

NAME **TD**  
STREET ADDRESS **JAMES A. WILDER**  
CITY-ST-ZIP **2200 LUCIEN WAY, SUITE 330**  
**MAITLAND, FLORIDA 32751**

3.1 TITLE ☒ Change ☐ Addition

NAME **VD**  
STREET ADDRESS **JOHN GREY**  
CITY-ST-ZIP **6328 U.S. HWY 19**  
**NEW PORT RICHEY, FL. 34659**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

NAME **CD**  
STREET ADDRESS **DICK BIRD**  
CITY-ST-ZIP **847 20th Place**  
**VERO BEACH, FL. 32960**

6.1 TITLE ☐ Change ☒ Addition

NAME **SD**  
STREET ADDRESS **CRAIG PATHBUN**  
CITY-ST-ZIP **739 A. NORTH DRIVE**  
**MELBOURNE, FL. 32934**

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, with an officer like empowered.

SIGNATURE:

**JAMES A. WILDER** 4/28/99 407-875-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)