1-11-91 8-0283

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DÉPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P23525

(9)

REALTY SERVICING ASSOCIATION CORPORATION					
Principal Place of Business OLD HEE CREEK RD BUNNELL FL 32110 US		Mailing Address P.O.BOX 1803 BUNNELL FL 32110-1803 US			
				3. Date Incorporated or Qualified 03/22/1989	3a. Date of Last Report 03/22/1996
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		06-1212208	Not Applicable
Suite, Apt. #, etc 22		Suite, Apl. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Z ip	Country	28	Country	Trust Fund Contribution 8. This corporation has liability for	
24	25		90		Yes No
	g Name and Address of Current			10. Name and Address of New Ro	egistered Agent
	MULLINS		81 Name	UN MULLING	3
91 B WELLWOOD LN			82 Street Addi	ress (P.O. Box Number is Not Accepta	ble) 0
PALI	M COAST FL 32127		63	3 OLD HAW CRE	EK INGI
			84 City	NNELL	FL 85 Zip Code 32110
11. Pursuant	to the provisions of Sections 607,0502	and 607 1508, Florida Statutes	the above-named corr	poration submits this statement for the tion's board of directors. I hereby acce	nurgose of changing its registered
agent La	egistered agent, or both, in the Statu on familiar with, and accept the obliga	tions of, Section 607.0505, Flor	ida Statutes	lion's board of directors, I hereby acce	pt the appointment as registered
SIGNATURE	Soprative Appeal as painted many so expedience again				
12.	Signified typed acquited have a rejetered spirit OFFICERS AND		Rogistered Agent signature requi	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE	P	DELETE	1 1 TITLE		Change Addition
NAVE	MULLINS, DAN		1.2 NAME		
STREET ADDRESS	P O BOX 1803		1 3 STREET ADDRESS		
CHY-ST-ZIP	BUNNELL FL		1.4 CITY-ST-ZIP		
TITLE	D Truska, Cindy	☐ DELETE	21 TITLE		Change Addition
NAME CAMPARA DODOGO	221 MILLER AVE.		2.2 NAME 2.3 STREET ADDRESS		
SUBJECT ADDRESS OUTY-ST-ZP	MERIDEN CT 06450		2.3 STREET ADDRESS		
HILE	D	☐ DELETE	3.1 TITLE		Change Addition
NAME	MULLINS, MIKE		3.2 NAME		
STREET ADDRESS	221 MILLER AVE.	•	3.3 STREET ADDRESS		
CITY+S1 ZiP	MERIDEN CT 06450		34. CITY-ST-ZIP		
lifle	D Mullins, andrew	☐ DELETE	4.1 TITLE		Change Addition
NAME CHARLE ADDRESS	221 MILLER AVE.		4. 2 NAME 4.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	MERIDEN CT 08450		4.4 CITY - ST - ZIP		
THE	D	DELETE	5.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME	MULLINS, ANN M		5.2 NAME		
STREET ADDRESS :	221 MILLER AVE.		5.3 STREET ADDRESS		
City-St-7iP	MERIDEN CT 08450		5.4 CITY+ ST-ZIP		
TATLE		☐ DELETE	61 TITLE		Change Addition
NAME RIGHT LANDS			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		

SIGNATURE:

14. I do nereby certify that it e 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Daytime Phone N

FILED

Jan 17 1997 8:00am

Secretary of State