**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

PROFIT CORPORATION ANNUAL REPORT

**1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P41018** **(3)**

1. Corporation Name

**REALTY MANAGEMENT SERVICES, INC.**

Principal Place of Business

P. O. BOX 750
PASS CHRISTIAN MS 39571

Mailing Address

P. O. BOX 750
PASS CHRISTIAN MS 39571

2. Principal Place of Business
21
Suite Apt. Room
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite Apt. Room
27
City & State
28
Zip 29 County 30

3. Date Incorporation or Qualified: **10/09/1992**

3a. Date of Last Report: **04/24/1995**

4. FEI Number: **64-0808650** [ ] 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. [ ] Yes [X] No

9. Name and Address of Current Registered Agent

**ELLIS, JOHN C., JR.**
**1105 WILDWOOD CIRCLE**
**GULF BREEZE FL 32561**

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 Section 607.0505, Florida Statutes, the above corporation hereby submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. The corporation agrees that it will comply with all applicable provisions of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | CDP | [ ] DIR [ ] OFF |
| NAME | CASTLE, GEORGE W., JR. | |
| STREET ADDRESS | 102 WEST SCENIC DR. | |
| CITY ST ZIP | PASS CHRISTIAN MS | |
| TITLE | S | [ ] DIR [ ] OFF |
| NAME | HILTON, BARBARA W. | |
| STREET ADDRESS | 103 ST. AUGUSTINE DR. | |
| CITY ST ZIP | LONG BCH. MS | |
| TITLE | | [ ] DIR [ ] OFF |
| NAME | | |
| STREET ADDRESS | | |
| CITY ST ZIP | | |
| TITLE | | [ ] DIR [ ] OFF |
| NAME | | |
| STREET ADDRESS | | |
| CITY ST ZIP | | |
| TITLE | | [ ] DIR [ ] OFF |
| NAME | | |
| STREET ADDRESS | | |
| CITY ST ZIP | | |
| TITLE | | [ ] DIR [ ] OFF |
| NAME | | |
| STREET ADDRESS | | |
| CITY ST ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---|---|
| TITLE | [ ] Change [ ] Addition |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |
| TITLE | [ ] Change [ ] Addition |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |
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| TITLE | [ ] Change [ ] Addition |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |

CR2E034 (12/95)

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall constitute an affirmation under the penalties provided for in Section 817.155, Florida Statutes. I further certify that I am an officer or director of the corporation or the agent of the corporation upon whom this report shall be served as provided by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or in my capacity as registered agent.

**SIGNATURE:** B W Hilton 3/27/96 601-452-7154

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara W. Hilton, Secretary