

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # P92000006795 (8)

1. Corporation Name

REALVEST OF SOUTHWEST FLORIDA, INC.

55 APR 28 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

779 S. TAMiami TRAIL
PORT CHARLOTTE FL 33953

Mailing Address

779 S. TAMiami TRAIL
PORT CHARLOTTE FL 33953

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/23/1992

3a. Date of Last Report

04/28/1994

2. Principal Place of Business

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Suite, Apt. #, etc.

2a. Mailing Address

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Suite, Apt. #, etc.

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City & State

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City & State

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Zip

Country

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Zip

Country

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4. FEI Number

65-0373431

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

☐ No

9. Name and Address of Current Registered Agent

AMENT, JOEL A
779 S. TAMiami TRAIL
PORT CHARLOTTE FL 33953

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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84 City

FL

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Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

(Signature, Name, Title, and Address of registered agent and the corporation)

(NOTE: Registered Agent signature required after filing)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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NAME

D
HULL, LESLIE SR.
54 BRUCE FARM DR.
WILLOWDALE, ONTARIO

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

4/25/95

813-255-5300