

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

95 AUG -3 AM 11:01

**DOCUMENT # P93000006194 (3)**

1. Corporation Name  
**SOUTHTREND REALTY, INC.**

Principal Place of Business Mailing Address  
104 A SOUTH HARBOR CITY BLVD 104 A SOUTH HARBOR CITY BLVD  
MELBOURNE FL 32901 MELBOURNE FL 32901

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/21/1993 3a. Date of Last Report 03/24/1994

21. Principal Place of Business	2a. Mailing Address
21 1600 W. EAU GALIE BLVD.	2a 1600 W. EAU GALIE BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 #202	27 #202
City & State	City & State
23 MELBOURNE FL	29 MELBOURNE, FL
Zip	Zip
24 32935	29 32935
Country	Country
25 USA	30 USA

4. FEI Number	Applied For
59-3164956	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
RATHBUN, CRAIG R  
104 A SOUTH HARBOR CITY BLVD  
MELBOURNE FL 32901

10. Name and Address of New Registered Agent  
81 Name RATHBUN CRAIG R.  
82 Street Address (P.O. Box Number is Not Acceptable) 1600 W. EAU GALIE BLVD. #202  
83  
84 City MELBOURNE FL 85 Zip Code 32935

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and firm if applicable NOTE: Registered Agent signature required when re-registering.

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	RATHBUN, CRAIG R
STREET ADDRESS	792 F BRITANY DR.
CITY - ST - ZIP	INDIALANTIC FL
TITLE	S
NAME	CARRAWAY, JAMES D
STREET ADDRESS	3820 N. RIVERSIDE DR.
CITY - ST - ZIP	INDIALANTIC FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	RATHBUN, CRAIG R.
3. STREET ADDRESS	905 N. HARBOR CITY BLVD. #200
4. CITY - ST - ZIP	MELBOURNE, FL 32935
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing was truthfully furnished and does not qualify for the exemption stated in Section 110.07(3)(4), Florida Statutes. I further certify that the information reported 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 of trust so 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 the attachment with an address.

SIGNATURE: Craig R. Rathbun 6-15-95 407/752-1199  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

CR2E034 (3/95)