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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 18 AM 9:13

DOCUMENT # **P93000044503 (9)**

1. Corporation Name
AVALON REAL ESTATE, INC.

Principal Place of Business	Mailing Address
~~4630 BAYWOOD DRIVE~~	~~4630 BAYWOOD DRIVE~~
~~LYNN HAVEN FL 32444~~	~~LYNN HAVEN FL 32444~~
~~US~~	~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/17/1993	3a. Date of Last Report: 08/04/1994
4. FEI Number: 59-3185789	☐ 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 § 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21: 212 B SUDDUTH PLACE	26: ← SAME
Suite, Apt. #, etc. 22: C/O GEORGE SMITH REAL ESTATE	Suite, Apt. #, etc. 27:
City & State 23: PARKER, FL.	City & State 28:
Zip 24: 32404 Country 25: US	Zip 29: Country 30:

9. Name and Address of Current Registered Agent

~~GREEN, JOHN R.~~
~~4630 BAYWOOD DRIVE~~
~~LYNN HAVEN FL 32444~~

10. Name and Address of New Registered Agent

01 Name: ANDRE SMITH
02 Street Address (P.O. Box Number is Not Acceptable): 212 B SUDDUTH PL.
03 C/O GEORGE SMITH REAL ESTATE
04 City: PARKER, FL. FL 05 Zip Code: 32404

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] DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	GREEN, JOHN R.	12 NAME	
STREET ADDRESS	~~4630 BAYWOOD DRIVE~~ BOX 5176	13 STREET ADDRESS	
CITY-ST-ZIP	~~LYNN HAVEN FL~~ KEESLER AFB, MS. 39534	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☒ Addition
NAME	TERESA HELMS	22 NAME	
STREET ADDRESS	6828 MESCALERO ST.	23 STREET ADDRESS	
CITY-ST-ZIP	BILOXI, MS. 39532	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: John R. Green 15 Jun 95 (601) 377-6050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0092002 CP