	PLEASE READ	ALL INSTRUCTIO	ONS BEFORE (	OMPLET	ING THIS FORM.		
	PLICATION FOR STATEMENT	FLORIDA DEPART Sandra B. Secretary DIVISION OF CO	Mortham of State		Section of the sectio	)	
DOCUMENT # P93000056458				98 OCT 19 AM 7: 32			
Corporation Name				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Real Estate Int'1 Mgt., Inc.				TALLAHASSEE, FLORIDA			
Principal Place of Business Mailing Address							
Desti	HWY 98 E n, FL 32541	P.O. Box 24 Destin, FL		REINS	TATEMENT	96-98	
	ncipal Office Address, If Applicable		orrect information and enter correction below. w Mailing Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida     O (11 / O2)		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-	5. FEI Number	0/11/93	Applied For	
City & State	9	City & State			06615	Not Applicable	
Zip	Country	Zip C	Country	6. CERTIFICATE		dditional Fee required Certificate of Status	
7. Names	and Street Addresses of Each Officer and Name of Officers	/or Director (Florida nonprofit o	orporations must list at lea Street Address of Each				
Title(s)				•	City / State / 3	Zip	
P/S Davage J. Runnels, Jr. 106 Waynell C				rcle Fort Walton Beach, FL			
V/T	John A. McNeil, Jr. 4502 Old		Old Plantati	ion Plac		32541	
				61	000026693 -10/21/98010 ***1050:00 *		
	8. Name and Address of Current	Registered Agent		9. Name and A	ddress of New Registered Agen	t	
Davage J. (Trey) Runnels, III					·	1,98)	
	L & RUNNELS, P.A. 68 Emerald Coast F	arkway	L	Street Address (P.O. Box Number is Not Acceptable)  Suite, Act. #, Etc.			
Suite 2201 Destin, FL 32541			Suite, Apt. #, Etc.	City State Zip Code			
10. I, being	appointed the registered agent of the ab	eve named conforation, am fami	liar with and accept the of	oligations of Section	on 607.0505, F.S.		
Signature o Registered	Agent	EGISTERED AGENT MUST SIG	BN .		Date 10/10/	78	
	is corporation owes or hangible Personal Proper			No 🗆	(See other side for on intangible		
this rein owed by	that I am an officer or director or the rece statement application, the reason for diss the corporation have been paid and the application is true and accurate, and my st	olution has been eliminated, the names of Individuals listed on th	corporate name satisfies is form do not qualify for a	the requirements an exemption und	of section 607.0401 or 617.0401, F	S, that all fees	
SIGNAT		INTED NAME OF SIGNING OFFICER	R OR DIRECTOR	10	1498 (850) g	31-101011	

SIGNATURE SIGNATURE AND FYRED OR PRINTED NAME OF SIGNAGO OFFICER OR DIRECTOR