SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

SECRETARY OF STATE DIVISION OF CORPORATIONS **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 97 JUL 23 PH 2: 47 1997 **DIVISION OF CORPORATIONS** P93000065949 (8) DOCUMENT # TRUE REALTY, INC. Principal Place of Business Mailing Address 313 JOHN KING RD. 313 JOHN KING RD. **CRESTVIEW FL 32539 CRESTVIEW FL 32539** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 09/16/1993 04/16/1996 2. Principal Place of Business 2a. Mailing Address 4. FEL Number Applied For 21 65-043 1338 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 Yes □ No 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent TRUA, MARTHA M. 81 Name 313 JOHN KING RD 82 Street Address (P.O. Box Number is Not Acceptable) **CRESTMEW FL 32539** 83 84 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PD DELETE TITLE 1.1 TITLE Change Addition TRAU, MARTHA M NAME 1.2 NAME 313 JOHN KING RD. STREET ADDRESS 1.3 STREET ADDRESS CRESTVIEW FL 32539 CITY-ST-ZIP 1.4 City-St-ZiP DELETE TITLE Change 2.1 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - Z(P TITLE DELETE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE ■ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - ZIP DELE16 TITLE Change 5.1 HH E Addition NAME 5.2 NAME STREET ADDRÉSS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - S1 - ZIP DELETE TITLE 6.1 TILLE Change Addition NAME 6.2 NAME

information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal 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 12 or Block 13 if changed, or on an attachment with an extress.

6.3 STREET ADDRESS

6.4 CITY - S1 - ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

STREET ADDRESS

CITY-ST-ZIP