

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000066030 (6)

1. Corporation Name

PACT REAL ESTATE CORPORATION OF GA

Principal Place of Business

**5395 LB MCLEOD RD
ORLANDO FL 32811**

Mailing Address

**P O BOX 616300
ORLANDO FL 32861-6300
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/17/1993

3a. Date of Last Report

04/20/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

4. FEI Number

59-3208159

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

**FULMER, BARBARA B
5395 L.B. MCLEOD RD
ORLANDO FL 32811**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

FULMER, BARBARA B

STREET ADDRESS

8971 CHARLESTON PK

CITY - ST - ZIP

ORLANDO FL 32819

TITLE

D

NAME

TURNER, CYNTHIA F

STREET ADDRESS

137 HARTINGTON DR

CITY - ST - ZIP

MADISON AL 35758

TITLE

D

NAME

FULMER, PHILIP R

STREET ADDRESS

1010 PALADIN CT

CITY - ST - ZIP

ORLANDO FL 32806

TITLE

D

NAME

FULMER, CARROLL A

STREET ADDRESS

1065 DOSS AVE

CITY - ST - ZIP

ORLANDO FL 32809

TITLE

D

NAME

FULMER, TIMOTHY A

STREET ADDRESS

8239 WOODBREEZE BLVD

CITY - ST - ZIP

WINDERMERE FL 32819

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Executive Vice President

☒ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

President

☒ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

Secretary

☒ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

Vice President

☒ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

Vice President

☒ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

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 110.07(3)(b), 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:

Barbara B. Fulmer

BARBARA B. FULMER, EXECUTIVE VICE PRESIDENT

4/21/95

(407) 299-0900