

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000066030 (6)

1. Corporation Name

PACT REAL ESTATE CORPORATION OF GA



Principal Place of Business

Mailing Address

5995 LB MCLEOD RD
ORLANDO FL 32841

P.O. BOX 616003
ORLANDO FL 32861-6300
US

3. Date Incorporated or Qualified
09/17/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 8340 American Way
Suite, Apt. #, etc.

26 P.O. Box 625
Suite, Apt. #, etc.

22 City & State
23 Groveland, FL
24 34736 25 USA

27 City & State
28 Groveland FL
29 34736 30 USA

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

10. Name and Address of New Registered Agent

FULMER, BARBARA B
5995 LB MCLEOD RD
ORLANDO FL 32841

81 Name
Philip R. Fulmer
82 Street Address (P.O. Box Number is Not Acceptable)
8000 Cherry Lake Rd.
83
84 City
Groveland FL 85 Zip Code
34736

11. Pursuant to the provisions of Sections 607.0507 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 date if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
EVP	FULMER, BARBARA B	8971 CHARLESTON PK	ORLANDO FL	<input type="checkbox"/>
P	TURNER, CYNTHIA F	137 HARTINGTON DR	MADISON AL	<input type="checkbox"/>
S	FULMER, PHILIP R	1010 PALADIN CT	ORLANDO FL	<input type="checkbox"/>
VP	FULMER, CARROLL A	1065 BOONE AVE	ORLANDO FL	<input type="checkbox"/>
VP	FULMER, TIMOTHY A	9239 WOODBREEZE BLVD	WINDERMERE FL	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

8000 Cherry Lake Rd.
GROVELAND, FL. 34736

14726 GORD NECK DR.
MONTEVERDE, FL. 34756

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)