FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000070502 (8)**

1. Corporation Name
PACT REAL ESTATE CORPORATION OF NC

Principal Place of Business	Mailing Address
5395 L.B. MCLEOD RD ORLANDO FL 32811	P O BOX 616300 ORLANDO FL 32861-6300 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/04/1993**
3a. Date of Last Report: **04/20/1994**

2. Principal Place of Business 21:
2a. Mailing Address 26:
4. FEI Number: **59-3208161** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State 23:
City & State 28:
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip 24: County 25:
Zip 29: County 30:
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registering Agent signature required when manually)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	Executive Vice President	☒ Change ☐ Addition
NAME	FULMER, BARBARA B	12 NAME		
STREET ADDRESS	8971 CHARLESTONPK	13 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32819	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	President	☒ Change ☐ Addition
NAME	TURNER, CYNTHIA F	22 NAME		
STREET ADDRESS	137 HARTINGTON DR	23 STREET ADDRESS		
CITY-ST-ZIP	MADISON AL 35758	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	Secretary	☒ Change ☐ Addition
NAME	FULMER, PHILIP R	32 NAME		
STREET ADDRESS	1010 PALADIN CT	33 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32806	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	Vice President	☒ Change ☐ Addition
NAME	FULMER, CARROLL A	42 NAME		
STREET ADDRESS	1065 DOSS AVE	43 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32809	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	Vice President	☒ Change ☐ Addition
NAME	FULMER, TIMOTHY A	52 NAME		
STREET ADDRESS	9239 WOODBREEZE BLVD.	53 STREET ADDRESS		
CITY-ST-ZIP	WINDERMERE FL 32819	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: Barbara B Fulmer 4/21/95 (407) 299-0900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
BARBARA B. FULMER

0048776 CP