

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 14 1997 8:00am
Secretary of State

DOCUMENT # **993000071147**
1. Corporation Name: **KATHRYN A. COURTNEY P.A.**

Principal Place of Business Mailing Address

**REIMAX REALTY
WELLINGTON**

3. Date Incorporated or Qualified **10/13/93** 3a. Date of Last Report **4/96**

4. FEI Number **65-0451492** 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

2. Principal Place of Business 2a. Mailing Address
21 **11924 Forest Hill Blvd** 26 Suite, Apt. #, etc. **Sam**
22 **STE 5** 27 City & State
23 **W.P.B. FL** 28
24 **33414** 25 **P.B.** 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Kathy Courtney
REIMAX REALTY WELLINGTON
11924 Forest Hill Blvd, STE 5
WPB FL 33414**

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 **Kathy Courtney** (NOTE: Registered Agent signature required when reinstating) DATE **4/15/97**

12. OFFICERS AND DIRECTORS
12.1 TITLE ☐ DELETE **President**
12.2 NAME **Kathy Courtney**
12.3 STREET ADDRESS **11924 Forest Hill Blvd**
12.4 CITY-ST-ZIP **STE 5, WPB, FL 33414**
12.5 TITLE ☐ DELETE
12.6 NAME
12.7 STREET ADDRESS
12.8 CITY-ST-ZIP
12.9 TITLE ☐ DELETE
12.10 NAME
12.11 STREET ADDRESS
12.12 CITY-ST-ZIP
12.13 TITLE ☐ DELETE
12.14 NAME
12.15 STREET ADDRESS
12.16 CITY-ST-ZIP
12.17 TITLE ☐ DELETE
12.18 NAME
12.19 STREET ADDRESS
12.20 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
13.1 TITLE ☐ Change ☐ Addition
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY-ST-ZIP
13.5 TITLE ☐ Change ☐ Addition
13.6 NAME
13.7 STREET ADDRESS
13.8 CITY-ST-ZIP
13.9 TITLE ☐ Change ☐ Addition
13.10 NAME
13.11 STREET ADDRESS
13.12 CITY-ST-ZIP
13.13 TITLE ☐ Change ☐ Addition
13.14 NAME
13.15 STREET ADDRESS
13.16 CITY-ST-ZIP
13.17 TITLE ☐ Change ☐ Addition
13.18 NAME
13.19 STREET ADDRESS
13.20 CITY-ST-ZIP
RW 5-14-97
000002190920
-05/27/97--01019--010
*****173.75**

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 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 **Kathy Courtney** **4/15/97 (601) 798-1411**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)