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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000074890 (3)**

1. Corporation Name

NATURAL WOODLANDS REALTY, INC.



Principal Place of Business

**US 19 S & PADGETT ROAD
PERRY FL 32347**

Mailing Address

**PO BOX 261
PERRY FL 32347**

3. Date Incorporated or Qualified

10/28/1993

3a. Date of Last Report

04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MINCY, JIMMY R JR
HIGHWAY 19S & PADGETT ROAD
PERRY FL 32347**

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 then if applicable:

Signature, typed or printed name of registered agent and then if applicable:

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**P
MINCY, JIMMY R JR.
RT 1 BOX 546
PERRY FL**

☐ Change ☐ Addition

TITLE ☐ DELETE

**ST
MINCY, JIMMY
404 E ELM ST
PERRY FL**

☒ Change ☐ Addition

TITLE ☐ DELETE

**ST
MINCY, JIMMY
404 E ELM ST
PERRY FL**

☐ Change ☐ Addition

TITLE ☐ DELETE

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PERRY FL**

☐ 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 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jimmy Mincy, Sec/Treasure 01/17/96 904/584-8523

Date

Daytime Phone #

CR2E034 (12/95)