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**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000074890 (3)

NATURAL WOODLANDS REALTY, INC.

Principal Place of Business

## FILED Mar 31 1998 8:00am Secretary of State



Mailing Address US 19 S & PADGETT ROAD PO BOX 261 PERRY FL 32347 PERRY FL 32347 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/28/1993 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 26 59-3207830 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has pald the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent MINCY, JIMMY R JR HIGHWAY 19S & PADGETT ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **PERRY FL 32347** 83 84 City 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE MINCY, JIMMY R JR. NAME 1.2 NAME RT 1 BOX 546 STREET ADDRESS 1.3 STREET ADDRESS PERRY FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITI F 21 TITLE MINCY, JIMMY NAME 2.2 NAME 310 BISHOP BLVD STREET ADDRESS 2.3 STREET ADDRESS PERRY FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ Change DELETE TITLE 4.1 TITLE Addition 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change \_\_\_ Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 CITY - ST - ZIP

14. I 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 porporation 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.