

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 AM 7:15

DOCUMENT # P93000088402 (1)

1. Corporation Name

INVESTORS REALTY OF TALLAHASSEE, INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**3531 THOMASVILLE ROAD
TALLAHASSEE FL 32308
US**

Mailing Address

**3531 THOMASVILLE ROAD
TALLAHASSEE FL 32308
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/29/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3214903

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**

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 1545 Raymond Diehl Rd.

2a. Mailing Address

25 1545 Raymond Diehl Rd.

Suite, Apt. #, etc.

22 Suite 250

Suite, Apt. #, etc.

27 Suite 250

City & State

23 Tallahassee, Fla

City & State

28 Tallahassee, Florida

Zip

24 32308

Country

25 USA

Zip

29 32308

Country

30 USA

9. Name and Address of Current Registered Agent

**BOYD, JOSEPH R
1407 PIEDMONT DRIVE EAST
TALLAHASSEE FL 32312**

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MORGAN, GWEN C
STREET ADDRESS	3531 THOMASVILLE ROAD
CITY - ST - ZIP	TALLAHASSEE FL 32308
TITLE	VP
NAME	KOLIAS, GLORIA H.
STREET ADDRESS	3531 THOMASVILLE ROAD
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	AVP
NAME	ASHCROFT, MIRIAM B.
STREET ADDRESS	3531 THOMASVILLE ROAD
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	V
NAME	CLEARE, E. ANN
STREET ADDRESS	3531 THOMASVILLE ROAD
CITY - ST - ZIP	TALLAHASSEE FL 32308
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	Delete as an officer
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(3)(b), 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:

Gwen C. Morgan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-95

904-224-6900