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 APR -7 AM 5:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000003114 (3)

1. Corporate Name
RE/MAX SERVICE ONE, INC.

Principal Place of Business:
408 CYPRESS GARDENS BLVD.
WINTER HAVEN FL 33880

Mailing Address:
408 CYPRESS GARDENS BLVD.
WINTER HAVEN FL 33880

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/06/1994
3a. Date of Last Report:

4. FEI Number: 59-3217358 — Applied For / Not Applicable

2. Principal Place of Business — 21 — Suite, Apt. #, etc. 22 — City & State 23 — Zip 24 — Country 25

2a. Mailing Address — 26 — Suite, Apt. #, etc. 27 — City & State 28 — Zip 29 — Country 30

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 XXX No

9. Name and Address of Current Registered Agent

MURPHY, JOHN
408 CYPRESS GARDENS BLVD.
WINTER HAVEN FL 33880

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: John S. Murphy, Broker/Owner, Treasurer 4/3/95

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	MURPHY, ROBIN
STREET ADDRESS	408 CYPRESS GARDENS BLVD.
CITY-ST-ZIP	WINTER HAVEN FL 33880
TITLE	D
NAME	MURPHY, JOHN
STREET ADDRESS	408 CYPRESS GARDENS BLVD.
CITY-ST-ZIP	WINTER HAVEN FL 33880
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — (blank; 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)(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: Robin S. Murphy, Broker/Owner, President 4/3/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
(813)299-7369

0314754 CP