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 25 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000005969 (8)**

1. Corporation Name
COZY HOMES REALTY, INC.

Principal Place of Business	Mailing Address
13753 EAST LINDEN DRIVE SPRING HILL FL 34609	13753 EAST LINDEN DRIVE SPRING HILL FL 34609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/25/1994** | 3a. Date of Last Report:

21 2. Principal Place of Business

22 Suite, Apt. #, etc.: Suite C

23 City & State:

24 Zip: 25 Country:

26 2a. Mailing Address

27 Suite, Apt. #, etc.: Suite C

28 City & State:

29 Zip: 30 Country:

4. FEI Number: 59-3220594 ☐ 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

9. Name and Address of Current Registered Agent

SZAFRAN, PENNY L
13753 EAST LINDEN DRIVE
SPRING HILL FL 34609

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	PRES D	☐ Change ☑ Addition
NAME	SZAFRAN, PENNY L	12 NAME	PENNY L SZAFRAN	
STREET ADDRESS	10070 CASEY DRIVE	13 STREET ADDRESS	10070 CASEY DR	
CITY ST ZIP	NEW PORT RICHEY FL 34654	14 CITY ST ZIP	NEW PORT RICHEY FLA	
TITLE		21 TITLE	DVT	☐ Change ☑ Addition
NAME		22 NAME	~~PRES~~ DANIEL A SZAFRAN	
STREET ADDRESS		23 STREET ADDRESS	10070 CASEY DR	
CITY ST ZIP		24 CITY ST ZIP	NEW PORT RICHEY FLA	
TITLE		31 TITLE	SEC	☐ Change ☑ Addition
NAME		32 NAME	RALPH WILKINSON JR	
STREET ADDRESS		33 STREET ADDRESS	7359 Tradewinds Lane	
CITY ST ZIP		34 CITY ST ZIP	Spring Hill, FL 34608	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

4/28

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: Penny L Szafran 1-12-95 904646 7812
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0984760 CP