

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 16 AM 10: 59

DOCUMENT # P94000017072 (7)

1. Corporation Name

1-STOP REALTY SERVICES, INC.

Principal Place of Business

1155 BEACH BLVD
JACKSONVILLE FL 32250

Mailing Address

1155 BEACH BLVD
JACKSONVILLE FL 32250

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/28/1994

3a. Date of Last Report

4. FEI Number

59-3247131

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

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

WESTLING, DALE G SR
220 E FORSYTH ST
JACKSONVILLE FL 32202

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME CLARK, WILMER
STREET ADDRESS 1217 N 5TH AVE
CITY- ST- ZIP JACKSONVILLE BEACH FL 32250

1.1 TITLE P/D
1.2 NAME WILMER CLARK, WILMER
1.3 STREET ADDRESS 1217 N. 5TH AVENUE
1.4 CITY- ST- ZIP JACKSONVILLE BEACH, FL 32250
☒ Change ☐ Addition

TITLE D
NAME CLARK, JOYCE
STREET ADDRESS 1217 N 5TH AVE
CITY- ST- ZIP JACKSONVILLE BEACH FL 32250

2.1 TITLE S/T/D
2.2 NAME JONATHAN M. CLARK
2.3 STREET ADDRESS 4867 VICTORIA CHASE CT.
2.4 CITY- ST- ZIP JACKSONVILLE, FL 32257
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP
☐ 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 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 registered agent 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:

Wilmer Clark
WILMER CLARK

2/1/95

(904) 270-0222

(Date)

(Telephone Number)