

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Candice B. Northing
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 27 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000053880 (8)

1. Corporation Name

BANCROFT REALTY INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/19/1994

3a. Date of Last Report

4. FEI Number
65-0506592

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 franchise tax under § 139.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

28. Zip

24. Country

29. Country

25. Country

30. Country

9. Name and Address of Current Registered Agent

**DEFEDE, EDWARD P
2430 DEER RUN BLVD
LOXAHATCHEE FL 33470**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. State

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 of agent or corporation name, if registered agent and then a representative)

(Signature of Agent, representative and street verification)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PRESIDENT D/D**
NAME **EDWARD P. DE FEDE**
STREET ADDRESS **2430 DEER RUN BLVD**
CITY, ST, ZIP **LOXAHATCHEE, FL 33470**

11. TITLE ☐ Change ☐ Addition

12. NAME

13. STREET ADDRESS

14. CITY, ST, ZIP

15. TITLE ☐ Change ☐ Addition

16. NAME

17. STREET ADDRESS

18. CITY, ST, ZIP

19. TITLE ☐ Change ☐ Addition

20. NAME

21. STREET ADDRESS

22. CITY, ST, ZIP

23. TITLE ☐ Change ☐ Addition

24. NAME

25. STREET ADDRESS

26. CITY, ST, ZIP

27. TITLE ☐ Change ☐ Addition

28. NAME

29. STREET ADDRESS

30. CITY, ST, ZIP

31. TITLE ☐ Change ☐ Addition

32. NAME

33. STREET ADDRESS

34. CITY, ST, ZIP

35. TITLE ☐ Change ☐ Addition

36. NAME

37. STREET ADDRESS

38. 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 (07/90), 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:

EDWARD P. DE FEDE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4-19-95

407-
793-9433
(Optional Number)