

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Candra B. Merriam  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY - 1 AM 10: 15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000072671 (8)**

1. Corporation Name

**COMPLETE REALTY GROUP, INC.**

Principal Place of Business

Mailing Address

9800 4 STREET NORTH, SUITE 205  
ST. PETERSBURG FL 33702

9800 4 STREET NORTH, SUITE 205  
ST. PETERSBURG FL 33702

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

10/04/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

59-3272915

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

22

27

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

23

28

Zip Country

Zip Country

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERLAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 type or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**  
NAME **GAYLOR, THOMAS W**  
STREET ADDRESS **9800 4 STREET NORTH, SUITE 205**  
CITY - ST - ZIP **ST. PETERSBURG FL 33702**

1.1 TITLE  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.2 NAME

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.3 STREET ADDRESS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

2.1 TITLE  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

2.2 NAME

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STREET ADDRESS  
CITY - ST - ZIP

2.3 STREET ADDRESS

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CITY - ST - ZIP

2.4 CITY - ST - ZIP

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

3.1 TITLE  Change  Addition

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CITY - ST - ZIP

3.2 NAME

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CITY - ST - ZIP

3.3 STREET ADDRESS

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CITY - ST - ZIP

3.4 CITY - ST - ZIP

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE  Change  Addition

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

4.2 NAME

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CITY - ST - ZIP

4.3 STREET ADDRESS

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4.4 CITY - ST - ZIP

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5.1 TITLE  Change  Addition

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CITY - ST - ZIP

5.2 NAME

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5.3 STREET ADDRESS

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5.4 CITY - ST - ZIP

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CITY - ST - ZIP

6.1 TITLE  Change  Addition

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

6.2 NAME

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NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.3 STREET ADDRESS

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STREET ADDRESS  
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6.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

THOMAS W. GAYLOR

4-26-95 (813)576-2543

(Date)

(Signature Number)