

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

CORPORATION,
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
605 North Florida Avenue
Tallahassee, Florida 32301-0001

FILED
CLERK OF STATE
OF CORPORATIONS

95 MAY -1 PM 1:03

DOCUMENT # P94000076109 (5)

Incorporated Name

DURANT REALTY, INC.

Principal Place of Business

Home Address

6024 EMORY COVE LANE/P.O. BOX 684
DURANT FL 33530

6024 EMORY COVE LANE/P.O. BOX 684
DURANT FL 33530

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Quoted
11/01/1994

3a. Date of last Report

N/A

4. FEI Number

59-3270110

Applies For
Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contributions

☒

\$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

28. Mailing Address

26

State, Apt. # etc.

State, Apt. # etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STAPLES, BONNIE H
6024 EMORY COVE LANE/P.O. BOX 684
DURANT FL 33530

81 Name

N/A

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.05(12) 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607.05(12) and 607.1508, Florida Statutes.

SIGNATURE

Bonnie H. Staples - President (Same as 1994)

4-10-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:

1. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
Bonnie H. Staples Pres. Officer
CEO, Reg. Agent, Director
Same as 1994 Filing

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP
N/A

2. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP
N/A

3. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP
N/A

4. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP
N/A

5. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP
N/A

6. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP
N/A

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 110.07(2)(b) Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and correct 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 recorder or recorder empowered to execute this report as required by Chapter 1107, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

Bonnie H. Staples President

4-10-95

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