

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000082556 (9)**

1. Corporation Name

BOB BRITE REALTY, INC.



Principal Place of Business

**5458 MANFIELDS PLACE
JACKSONVILLE FL 32207**

Mailing Address

**5458 MANFIELDS PLACE
JACKSONVILLE FL 32207**

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
11/07/1994

3a. Date of Last Report
05/01/1995

4. FEI Number
59-3281626

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

**CRABTREE, R R
8375 DIX ELLIS TRAIL
SUITE 401
JACKSONVILLE FL 32256**

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 607.0605, Florida Statutes.

SIGNATURE

By the Registered Agent (Signature required for all changes)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	BRITE, ROBERT J	
STREET ADDRESS	5458 MANFIELDS PLACE	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
2. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
3. TITLE	☐ Change ☐ Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
4. TITLE	☐ Change ☐ Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
5. TITLE	☐ Change ☐ Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
6. TITLE	☐ Change ☐ Addition
62. NAME	
63. STREET ADDRESS	
64. 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 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-96 **904** **731-5126**

CR2E034 (12/95)