

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000083142 (7)

1. Corporation Name

TRADITIONAL REAL ESTATE SERVICES, INC.



Principal Place of Business

125 AIRPORT ROAD NORTH, STE. 102
NAPLES FL 33942

Mailing Address

125 AIRPORT ROAD NORTH, STE. 102
NAPLES FL 33942

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, 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

3. Date Incorporated or Qualified

11/08/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0534435

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

10. Name and Address of New Registered Agent

STACKPOOLE, WILLIAM D
125 AIRPORT ROAD NORTH, STE. 102
NAPLES FL 33942

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 the corporation

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
STACKPOOLE, WILLIAM D
125 AIRPORT ROAD NORTH, STE. 102
NAPLES FL 33942

TITLE ☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Add-on

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Add-on

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Add-on

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Add-on

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Add-on

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Add-on

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:

WILLIAM STACKPOOLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-96 94-649-0010

Date

Daytime Phone

CR2E034 (12/95)