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Jan 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **P94000091992 (5)**

1. Corporation Name
REGENCY REALVEST, INC.

Principal Place of Business	Mailing Address
1515 RIVERSIDE AVE SUITE A **JACKSONVILLE FL 32204**	**1515 RIVERSIDE AVE SUITE A** **JACKSONVILLE FL 32204-4134**

3. Date Incorporated or Qualified: **12/15/1994**
3a. Date of Last Report: **07/01/1996**

2. Principal Place of Business	2a. Mailing Address
21 1301 Riverplace Blvd.	26 1301 Riverplace Blvd.
Suite, Apt. #, etc. 22 Suite 1840	Suite, Apt. #, etc. 27 Suite 1840
City & State 23 Jacksonville, FL	City & State 28 Jacksonville, FL
Zip / Country 24 32207 / 25 Duval	Zip / Country 29 32207 / 30 Duval

4. FEI Number: **59-3332795** ☐ 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 XX No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FRAZIER, W R **1515 RIVERSIDE AVE SUITE A** **JACKSONVILLE FL 32204**	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: _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		XX Change ☐ Addition
NAME	COLLINS, JEFFREY H		1.2 NAME		
STREET ADDRESS	P O BOX 551301 NA		1.3 STREET ADDRESS	1301 Riverplace Blvd., Ste. 1840	
CITY-ST-ZIP	JACKSONVILLE FL 32255-1301		1.4 CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	D	☐ DELETE	2.1 TITLE		XX Change ☐ Addition
NAME	APOL, PETER J JR		2.2 NAME		
STREET ADDRESS	P O BOX 551301 NA		2.3 STREET ADDRESS	1301 Riverplace Blvd., Ste. 1840	
CITY-ST-ZIP	JACKSONVILLE FL 32255-1301		2.4 CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Jeffrey H. Collins 01/22/97 (904)359-6111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Jeffrey H. Collins, Director