## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Oct 05 1998 8:00am FLORIDA DEPARTMENT OF STATE ORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # ASSOCIATES REALTY, INC. SUMNER & Principal Place of Business Mailing Address **37942 Meridian Avenue** Dade City Fl 33525 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 1/3/95 2. Principal Place of Business 37942 Meridian Av 4. FEI Number 2a. Mailing Address Applied For P.O. Box 443 59-3287598 Not Applicable Suite Apl #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 Dade City Dade **Cit**y Fl Country Country 8. This corporation owes or has paid the current year Intangible U.S. Personal Property Tax due June 30. XT Yes ■ No 33526 U.S 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ROBERT KEITH SUMNER Street Address (P.O. Box Number is Not Acceptable) 11851 Wichers Rd San Antonio Fl 33576 83 84 City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or product name of registered agent and bitc if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Change Addition 1011 1.1 DIU President NAME 12 NAME ROBERT KEITH SUMNER 11851 Wichers STREET ADDRESS 1.3 STREET ADDRESS CITY-ST 7II 1.4 CITY - ST - ZIP ☐ DELETE Change TITLE 21 TITLE ☐ Addition NAME 22 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-71F 2. 4 CITY-ST-ZIP **□** DELÉTÉ Addition TITLE 3 1 THILE Change 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-7IF 3.4. CITY - ST - ZIP LJ DELETE TITLE 4.1 THEE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 011Y-\$1-7(P) □ DELETE 5 1 TITLE TITLE 9000026563**1**9 NAME 5 2 NAME **-10**/06/96--01011--**02**6 5.3 STREET ADDRESS STREET ADDRESS \*\*\*550.00 5.4 CITY-ST-ZIP CITY-ST ZII

14. Thereby certify that the information supplied with this filling 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 coeperation or the receiver or trusted 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.

6 1 TITLE

6.2 NAME

6 3 STREET ADDRESS 6.4 City-St-ZiP

SIGNATURE

104.6

STREET ACIDALISS

CRY ST 701

DELETE

President

☐ Change

□ Addit∙on

FILED