FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500003095

1. Corporation Name

	EALTY SERVICES, INC.	Mailing Address			
305 HWY 41 NORTH					
US		US		DO NOT WRITE IN TH	S SPACE
				3. Date Incorporated or Qualifed	
ļ				01/10/1995	
2. Principal P	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0548396	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5, Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	е	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year I	ntangible
24	25	29 30]	Personal Property Tax.	∐Yes □No
	9. Name and Address of Current			10. Name and Address of New Registere	d Agent
81 Name				diner, Robert B.	
Gardiner, Robert B			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
11224 VILLAS ON THE GREEN BLVD				05 Lynmoor Dr.	
RIVERVIEW FL 33569			83		"
			84 City		85 Zip Code
			Rive	erview F	L 33569
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 LIGHT B. Gardina Robert B. Gardiner Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent alignature required whom reinstating) DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PT	DELETE	1.1 1111	PT	X Change ☐ Addition
NAME	GARDINER, ROBERT B			Gardiner, Robert B.	ĺ
STREET ADDRESS	11224 VILLAS ON THE GREEN			11705 Lynmoor Dr.	
CITY-ST-ZIP	RIVERVIEW FL		1.4 CITY-ST-ZIP	Riverview, FL 33569	
TITLE	VPS	DELETE	2.1 TITLE	VPS	Change
NAME	RASMUSSON, JACQUELINE		2.2 NAME	Gardiner, Jacqueline C.	
STREET ADDRESS	12906 TIKIWOOD CT		2.3 STREET ADDRESS	11705 Lynmoor Dr.	İ
CITY-ST-ZIP	RIVERVIEW FL 33569		2. 4 CfTY-ST-ZiP	Riverview, FL 33569	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME .			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		<u></u>	3.4. CITY-ST-ZIP.		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition

14. I 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, with all-other like empowered.

4 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

May 07, 1999 8:00 am Secretary of State

05-07-1999 90101 014 ***150.00

Change

Change

☐ Addition

☐ Addition