

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

APPROVED
AND
FILED

96 JAN 23 AM 11:50

DOCUMENT # P95000014712 (0)

1. Corporation Name

BREVARD COUNTY MULTIPLE LISTING SERVICE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

1450 SARNO ROAD
MELBOURNE FL 32935-5299

Mailing Address

1450 SARNO ROAD
MELBOURNE FL 32935-5299

3. Date Incorporated or Qualified
02/20/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUGAN, W. DAVID
1775 W. HIBISCUS BLVD.
SUITE 209
MELBOURNE FL 32901

81 Name
Wilson, Samuel H.

82 Street Address (P.O. Box Number is Not Acceptable)
1450 Sarno Road

83

84 City
Melbourne

FL 85 Zip Code
32935

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

Samuel H. Wilson

Samuel H. Wilson, Exec. Vice Pres. January 18, 1996

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
STINNETT, CHRISTINE P
1200 MALABAR ROAD, SUITE 3
PALM BAY FL 32907

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
DOWLING, GEORGE T
249 POINCIANA DRIVE
INDIAN HARBOUR BEACH FL 32937

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
JACOBSON, BERNADETTE M
4880 STACK BLVD., #E-1
MELBOURNE FL 32901

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
COLEMAN, PERRY J JR.
1090 N. HIGHWAY A1A
INDIAN ATLANTIC FL 32903

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
AUBUCHON, JUDY C
1097 S. PATRICK DRIVE
SATELLITE BEACH FL 32907

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
BREY, GALE S
1331 S. HARBOR CITY BLVD.
MELBOURNE FL 32937

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
EVP
Wilson, Samuel H
1450 Sarno Road
Melbourne FL 32935-5299

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
P
800001408148
-02/06/96--01097--019
****208.75 ****208.75

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
D
Petty, Alice S
6010 South Hwy. A-1-A
Melbourne Beach FL 32951

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
T
32937

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
T
32937

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP
T
Bray, Gale S
32901

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:

Samuel H. Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Samuel H. Wilson, EVP

1/18/96

407/242-2211

Date

Daytime Phone #

CR2E034 (12/95)