CORPORATION ANNUAL REPORT 1998

NAME

STREET ADDRESS

CITY-ST-ZIP



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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Mar 10 1998 8:00am

Secretary of State

DOCUMENT # P95000022493 (7)

TOWN AND COUNTRY REALTY INC.

Principal Place of Business Mailing Address 1643 SW 1ST AVE 1643 SW 1ST AVE OCALA FL 34474 OCALA FL 34474 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/17/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3302623 Not Applicable Suite Ant # etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Źφ Zıp Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes \square \text{No} No 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** Name MCKINNEY, JONATHAN C 12289 N.W. 35TH STREET Street Address (P.O. Box Number is Not Acceptable) **OCALA FL 34482** 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. I hereby accept the appointment as registered agent. I am familial with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** (NOTE: Rugistered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition MCKINNEY, JONATHAN C NAME 1.2 NAME 12289 NW 35 ST STREET ADDRESS 1.3 STREET ADDRESS OCALA FL 34482 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition Change TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-S1-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Addition DELETE Change TITLE 61 TITLE

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 on an attachment with an address.

6.2 NAME

1 2011/

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP