FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham FILED ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS 96 DEC -6 PH 2:21 P95000032918 (1) DOCUMENT # SECRETARY OF STATE EXECUTIVE REALTY OF POLK COUNTY, INC. Principal Place of Business Mailing Address REINSTATEMENT % av 636 FIRST STREET SOUTH 636 FIRST STREET SOUTH WINTER HAVEN FL 33680 WINTER HAVEN FL 33880 3. Date incorporated or Qualified 3a. Date of Last Report 04/24/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address ✓ Applied For 136 First Not Applicable 21 26 Suite, Apt #, etc. Suite, Apt. #. etc. \$8.75 Additional AME 5. Certificate of Status Desired City Fee Required 27 City & State 6. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution 23 Added to Fees Country This corporation has liability for intangible tax under s 199.032, ☐ Yes ☐ No 20 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PARKER, MERLINE 82 Street Address (P.O. Box Number is Not Acceptable) **636 FIRST STREET SOUTH** WINTER HAVEN FL 33880 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 familiar with, and accept the obligations of, Section 607.0505, provide Statutes. 125-94 SIGNATURE [NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change ☐ DELETE Addition TITLE 1. 1 TITLE PARKER, MERLINE 1.2 NAME NAME 636 FIRST STREET SOUTH STREET ADDRESS 1.3 STREET ADDRESS WINTER HAVEN FL 33880 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE 2.1 TITLE TITLE 900002024759--NAME 2.3 STREET ADDRESS STREET ADDRESS ****383 75 ****383 75 Change Addition CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE 32 NAME NAME 3.3. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY - ST - 2IP Change ☐ Addition □ DELETE TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP

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 eath; 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.

5. 1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 City-St-Zip

DELETE

DELETE

SIGNATURE: SHONG THE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TITLE NAME

TITLE

NAME

STREET TO RESS

STREET ADDRESS

CITY-ST-ZIP

9-13-99

Daytime Phone #

Change

Change

Addition

Addition

20E02/ (19/