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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

NAME

STREET ADDRESS

CITY-ST-ZIP

P95000044116 (8)

DOCUMENT # FORREST REALTY GROUP, INC. Principal Place of Business Mailing Address 4100 CORPORATE SOUARE 4100 CORPORATE SQUARE SUITE 129 **SUITE 129** DO NOT WRITE IN THIS SPACE NAPLES FL 33942 NAPLES FL 33942 3. Date Incorporated or Qualified IIS 05/30/1995 28. Mailing Address 26. 4100 Corporate 4. FEI Number 2. Principal Place of Business Applied For Square <u>orporate</u> 65-0586707 Not Applicable 4100 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Suite Suite Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Naples Trust Fund Contribution Added to Fees 23 Country Country 8. This corporation owes or has paid the current year intangible 34104 USA ☐ No 24 Personal Property Tax due June 30. 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name FORREST, KELLEY S 1821 51ST TERRACE S.W. Box Number is Not Acceptable) 82 NAPLES FL 33999 83 84 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 Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. \_\_ DELETE Change \_\_\_ Addition 1.1 TITLE TITLE **PVST** Kelley S. Forrest FORREST, KELLEY S 1.2 NAME NAME 1821 51st Terrace SW 1821 51ST TERRACE 1.3 STREET ADDRESS STREET ADDRESS NAPLES FL 33999 14 CITY-ST-7IP CITY-ST-ZIP Addition DELETE Change 2.1 TITLE TITLE 2.2 NAME NAME STREET ADORESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZiP Change Addition DELETE 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition DELETE 6.1 TITLE 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, or on an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

(941)252-11117 2/9/08

**FILED** 

Mar 16 1998 8:00am

Secretary of State