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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000046840 (1)**

1. Corporation Name

MID-FLORIDA REGIONAL MULTIPLE LISTING SERVICE, I NC.

Principal Place of Business	Mailing Address
621 E CENTRA BLVD ORLANDO FL 32801	PO BOX 587 ORLANDO FL 32802-0587

3. Date Incorporated or Qualified: 06/13/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business (21): Suite, Apt #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt #, etc. (27): City & State (28): Zip (29) Country (30)

4. FEI Number: 59-3327537 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

A.G.C. CO.
200 S ORANGE AVE
SUITE 2300
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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, Florida Statutes.

SIGNATURE: (Signature of corporate officer if changing registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ACKER, RON		1.2 NAME	
STREET ADDRESS	950 N ORLANDO AVE, STE 150		1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789-2934		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	NICHOLS, NICK		2.2 NAME	
STREET ADDRESS	931 WEST OAK ST, STE 100		2.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34741		2.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SECKEL, LARRY		3.2 NAME	
STREET ADDRESS	PO BOX 1439 N/A		3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 33882		3.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	JENNINGS, BELTON		4.2 NAME	
STREET ADDRESS	PO BOX 587 N/A		4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32802		4.4 CITY-ST-ZIP	
TITLE	AT	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	RASEMONT, NICK		5.2 NAME	
STREET ADDRESS	PO BOX 587 N/A		5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32802		5.4 CITY-ST-ZIP	
TITLE	AS	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	ANDREWS, CINDY		6.2 NAME	
STREET ADDRESS	PO BOX 587 N/A		6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32802		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: [signature] RECEIVED 2/10/97 407-422-5143

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #