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Apr 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000048303 (8)

1. Corporation Name

FLORIDA'S NATURE COAST REALTY, INC.



Principal Place of Business

2408 COMMERCIAL WAY
SPRING HILL FL 34806

Mailing Address

2408 COMMERCIAL WAY
SPRING HILL FL 34806-3518

3. Date Incorporated or Qualified
06/19/1995

3a. Date of Last Report
05/01/1996

4. FEI Number

59-3322544

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

~~REGO, MICHAEL D.~~
~~C/O MITCHELL J. KIERZYNSKI, CPA, PA.~~
~~5148 COMMERCIAL WAY.~~
~~SPRING HILL FL 34806~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 Michael D. Rego / Michael D. Rego DATE 11/15/97

12. OFFICERS AND DIRECTORS

TITLE	DPST	<input type="checkbox"/> DELETE
NAME	GEOGHEGAN, GLORIA L	
STREET ADDRESS	9167 LINGROVE RD	
CITY- ST- ZIP	BROOKSVILLE FL 34813	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MCDERMOTT, JOANN R	
STREET ADDRESS	3042 EUNICE AVENUE	
CITY- ST- ZIP	SPRING HILL FL 34809	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	STEVEN V. HELMS	
STREET ADDRESS	7300 WINTER STREET	
CITY- ST- ZIP	BROOKSVILLE FL 34613	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	VP
33 STREET ADDRESS	STEVEN V. HELMS
34 CITY- ST- ZIP	7300 WINTER STREET
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	BROOKSVILLE, FLORIDA 34613
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

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: X Gloria L. Geoghegan 4/4/97 x 11/15/97 352-683-8801

CR2E034 (9/96)