

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 19 1997 8:00am
Secretary of State

DOCUMENT # P95000052652 (1)

1. Corporation Name
INTEGROU REALTY CORP.



Principal Place of Business

7077 BONNVEALROAD
SUITE 450
JACKSONVILLE FL 32216

Mailing Address

7077 BONNVEALROAD
SUITE 450
JACKSONVILLE FL 32216

3. Date Incorporated or Qualified

07/07/1995

3a. Date of Last Report

08/14/1996

2. Principal Place of Business

21 Suite, Apt. #, etc. 600

22 City & State

23 Zip

Country

2a. Mailing Address

25 Suite, Apt. #, etc. 600

26 City & State

27 Zip

Country

4. FEI Number

59-3335177

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

F&L CORP.
200 LAURA STREET
THIRD FLOOR
JACKSONVILLE FL 32202

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CSD ☐ DELETE

NAME VAN MOOK, A.L. "TON"

STREET ADDRESS 7077 BONNEVAL RD., SUITE 450

CITY - ST - ZIP JACKSONVILLE FL

TITLE PT ☐ DELETE

NAME BUCKLEY, RONALD F.

STREET ADDRESS 7077 BONNEVAL RD., SUITE 450

CITY - ST - ZIP JACKSONVILLE FL

TITLE AS ☐ DELETE

NAME GARRIPEE, LESTER N.

STREET ADDRESS 7077 BONNEVAL RD., SUITE 450

CITY - ST - ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☒ Change

☐ Addition

SUITE 600

☒ Change

☐ Addition

SUITE 600

☒ Change

☐ Addition

SUITE 600

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***990.00

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 REQUIRED~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L. N. GARRIPEE 3/8/97 904-286-1470

Date

Daytime Phone #

06/19/97

CR2E034 (9/96)