

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P95000053729 (6)**

1. Corporation Name
FALKLAND REALTY, INC.

Principal Place of Business

**1516 CROOKED STICK DR.
VALRICO FL 33594**

Mailing Address

**813 E. BLOOMINGDALE AVE.
#303
BRANDON FL 33511**

FILED
Aug 26 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/12/1995

4. FEI Number

65-0607467

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~POLLER, JERI~~
~~6013 N.W. 23RD AVE.~~
~~BOCA RATON FL 33496~~

81 Name **ROGER R. Obodich**
82 Street Address (P.O. Box Number is Not Acceptable)
10254 ALLENWOOD DR
83
84 City **RIVERVIEW** FL 85 Zip Code **33569**

11. Pursuant to the provisions of sections 607.0502 and 607.1208, 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 *Roger R. Obodich*
Signature, by or for printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **8/18/98**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
PST	CLEARY, CHRISTOPHER J	15900 EDGEFIELD RD	W PALM BEACH FL 33414	<input type="checkbox"/>
VP	CLEARY, REBECCA L	1516 CROOKED STICK DR.	VALRICO FL 33594	<input type="checkbox"/>
Asst V.P.	Roger R. Obodich	10254 ALLENWOOD DR	RIVERVIEW, FL 33569	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 the only name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Roger R. Obodich*

8/18/98 823-2248

CR2E034 (5/98)