

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000056646 (9)

1. Corporation Name

SIERRA REALTY, INC.



Principal Place of Business

4221 HIGHWAY 90 WEST
PACE FL 32571

Mailing Address

4221 HIGHWAY 90 WEST
PACE FL 32571

3. Date Incorporated or Qualified

07/21/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3325147

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fees 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

MALLOY, SAMUEL M
4221 HIGHWAY 90 WEST
PACE FL 32571

10. Name and Address of New Registered Agent

81 Name

DONNA LYNN CLOMAN

82 Street Address (P.O. Box Number is Not Acceptable)

4221 Hwy 90

83

84 City

PACE

FL

85 Zip Code

32571

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

Samuel M. Malloy
Signature, typed or printed name of registered agent and title if applicable

Donna Lynn Cloman
(NOTE: Registered Agent signature required when resigning)

4/26/96
Date

12. OFFICERS AND DIRECTORS

TITLE

B P-S-T

☐ DELETE

NAME

SIMMONS, BRENDA J

STREET ADDRESS

4221 HIGHWAY 90 WEST

CITY-ST-ZIP

PACE FL 32571

TITLE

D

☒ DELETE

NAME

MALLOY, SAMUEL M

STREET ADDRESS

4221 HIGHWAY 90 WEST

CITY-ST-ZIP

PACE FL 32571

TITLE

DIRECTOR

☐ DELETE

NAME

DONNA LYNN CLOMAN

STREET ADDRESS

4221 Hwy 90

CITY-ST-ZIP

Pace, FL 32571

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

☐ Change: ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change: ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change: ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change: ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change: ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change: ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DIRECTOR

DONNA LYNN CLOMAN

4221 Hwy 90

Pace, FL 32571

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Donna Cloman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96
Date

904-994-9334
Daytime Phone #

CR2E034 (12/95)