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 # P95000060912 (9)

1. Corporation Name
R N B REALTY, INC.

Principal Place of Business
12412 EAST HIGHWAY 40
SILVER SPRINGS FL 34488

Mailing Address
12412 EAST HIGHWAY 40
SILVER SPRINGS FL 34488

2. Principal Place of Business
21 1811 SE FT. KING ST.
Suite, Apt. #, etc.
22
City & State
23 Ocala,Florida
Zip 24 34471 Country 25 Marion

2a. Mailing Address
26 1811 SE FT. KING ST.
Suite, Apt. #, etc.
27
City & State
28 Ocala, Florida
Zip 29 34471 Country 30 Marion

3. Date Incorporated or Qualified: 08/07/1995
3a. Date of Last Report:
4. FEI Number: 59-3331576 — 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
ALVORD, RANDALL E
12412 EAST HIGHWAY 40
SILVER SPRINGS FL 34488

10. Name and Address of New Registered Agent
81 Name: Randall E. Alvord
82 Street Address (P.O. Box Number is Not Acceptable): 1811 SE FT. KING ST.
83
84 City: Ocala FL 85 Zip Code: 34471

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] — Signature, typed or printed name of registered agent and title if applicable — DATE

12. OFFICERS AND DIRECTORS

Field	Officer/Director	
TITLE	PT	[ ] DELETE
NAME	MASON, ROBERT E	
STREET ADDRESS	3718 NORTH EAST 4TH STREET	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	VPS	[ ] DELETE
NAME	ALVORD, RUTH P	
STREET ADDRESS	15091 NORTH EAST 86TH LANE	
CITY-ST-ZIP	SILVER SPRINGS FL 34488	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

Field	Entry	
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		

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: Robert E Mason — 3-27-96 — (352) 690-2266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Robert E. Mason

CR2E034 (12/95)