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

**PROFIT** 



FLORIDA DEPARTMENT OF STATE

ANNU	PORATION JAL REPORT <b>1996</b>		Sandra B. M Secretary of DIVISION OF CO	of State	
	MENT# <b>F</b>	95000064	198 (1)		
RANK	IN REALTY, INC.				1 (4 1) (4 1) (4 1) (4 14 14 14 14 14 14 14 14 14 14 14 14 14
Principal Place	onf Business	Mailing A			
1815 W US	HWY 90	P.O. (	3OX 1021		
LIVE OAK F	L 32060	LIVE	OAK FL 32060		Date Incorporated or Qualified
2. Principa! Pi	ace of Business	2a. Mail-	ng Address		08/17/1995 4. F.L. Number Applied For
21		26			59-3332407 Not Applicable
Suite, Apt.	#, etc.	27 Suite	, Apt. #, etc.		5. Certificate of Status Desired See Required Fee Required
City & State	9	F	3 State		6. Election Campaign Financing \$5.00 May Be
<b>23</b> Zip	Country	/ <b>28</b>   Zip		Country	Trust Fund Contribution LJ Added to Fees  8. This corporation has liability for intangible tax under s. 199.032,
24	25	29	30	<u> </u>	Florida Statutes
	g, Name and Addre	ss of Current Registered	Agent	81 Name	10. Name and Address of New Registered Agent
RANKIN	N, JOCK V			82 Street Addres	ss (F.O. Box Number is Not Acceptable)
	US HWY 90			83	
LIVE O	AK FL 32060			ļl	
				84 City	FL 85 Zip Code
or register	red agent, or both, in the	State of Florida, Such charu	ge was authorized b	ie above named corporaty the corporation's board	tion submits this statement for the purpose of changing its registered office Lef directors. Thereby accept the appointment as registered agent. Lam
familiar wi	th, and accept the obligation of the bligation of the bli	tions of, Section (07.0505, in, CEO	DUC ICCUN	bin agritmed Agent signature requestly	04-02-96
12.		FRICERS AND DIRECTORS	🗸	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D D		[] DECETE	1. 1 TITLE	Change Addition
NAME STREET ADDRESS	RANKIN, JOCK V P.O. BOX 1021			1.2 NAME 1.3 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL 320	160		1.4 CHY - \$1 - ZH*	
TITLE			DELETE	2.110116	☐ Change ☐ Addition
NAME				2.2 NAME	
STHEET ADDRESS CHTY-ST-ZIP				2.3 STREET ADDRESS 2.4 CITY: ST-7IP	
THE			Ü DELETE	3 1 11111	Change Addition
NAME				3.2 NAME	
STREET ADDRESS				3.3 STREET ADDRESS	
CITY - ST - 7IP	T		DELETE	3.4 CHY - S1 - ZIP	☐ Change ☐ Addition
THILF NAME				4. 1 TrTLE 4.2 NAME	Change C Audmon
STREET ADDRESS				4.3 STREET ADDRESS	
CITY-ST-ZIP				4 4 C:TY - ST - ZIF	
TITLE	The state of the s		DELETE	5 1 THEF	Change Addition
NAME				5.2 NAME	
STREET ADDRESS				5 3 STREET ADDRESS	
CHY-SI-ZIP TITLE			DELETE	5.4 C·TY - ST - Zif' 6. 1 TiTLE	Change Addition
NAME				6.2 NAME	Lul 5-12 gg Lul 110511011
STHEFT ADDRESS				63 STREET ADDRESS	

64C1Y-S1-ZP

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:

CR2E034 (12/95)