

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

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90081 044 \*\*\*150.00

0495085

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # P95000070407**

1. Corporation Name  
**REAGIN REALTY GROUP, INC.**



Principal Place of Business 1230 MYRTLE AVENUE SOUTH #202 CLEARWATER FL 34616	Mailing Address 1230 MYRTLE AVENUE SOUTH #202 CLEARWATER FL 34616
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>325 MEARS BLVD.</b> Suite, Apt. #; etc.	2a. Mailing Address 26 <b>325 MEARS BLVD.</b> Suite, Apt. #; etc.	3. Date Incorporated or Qualified <b>09/12/1995</b>	4. FEI Number <b>59-3339353</b>	Applied For <input type="checkbox"/> Not Applicable
22 City & State <b>OLDSMAR, FL.</b>	27 City & State <b>OLDSMAR, FL.</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
23 Zip <b>34677</b>	28 Zip <b>34677</b>	29 Country <b>USA</b>	30 Country <b>USA</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
24 <b>34677</b>		25 <b>USA</b>		26 <b>34677</b>
27 <b>USA</b>		28 <b>USA</b>		29 <b>USA</b>
29 <b>USA</b>		30 <b>USA</b>		31 <b>USA</b>

9. Name and Address of Current Registered Agent <b>REAGIN, J. ROBERT</b> <b>C/O REAGIN REALTY GROUP, INC.</b> <b>1230 S. MYRTLE AVE., SUITE 202</b> <b>CLEARWATER FL 34616</b>	10. Name and Address of New Registered Agent 81 Name <b>REAGIN, J. REAGIN</b> 82 Street Address (P. O. Box Number is Not Acceptable) <b>325 MEARS BLVD.</b> 83 84 City <b>OLDSMAR</b> FL 85 Zip Code <b>34677</b>
--	---

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	REAGIN, J. ROBERT <input type="checkbox"/> DELETE	1.1 TITLE D	REAGIN, J. ROBERT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REAGIN, J. ROBERT	1.2 NAME	REAGIN, J. ROBERT
STREET ADDRESS	1230 MYRTLE AVENUE SO., #202	1.3 STREET ADDRESS	325 MEARS BLVD.
CITY-ST-ZIP	CLEARWATER FL 34616	1.4 CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE P	REAGIN, J. ROBERT <input type="checkbox"/> DELETE	2.1 TITLE P	REAGIN, J. ROBERT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REAGIN, J. ROBERT	2.2 NAME	REAGIN, J. ROBERT
STREET ADDRESS	1230 MYRTLE AVENUE SO., #202	2.3 STREET ADDRESS	325 MEARS BLVD.
CITY-ST-ZIP	CLEARWATER FL 34616	2.4 CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE ST	REAGIN, J ROBERT <input type="checkbox"/> DELETE	3.1 TITLE ST	REAGIN, J. ROBERT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REAGIN, J ROBERT	3.2 NAME	REAGIN, J. ROBERT
STREET ADDRESS	1230 MYRTLE AVE S STE 202	3.3 STREET ADDRESS	325 MEARS BLVD.
CITY-ST-ZIP	CLEARWATER FL 33756	3.4 CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  4/12/99 (813) 818-7727

CR2E034 (11/98)