

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 # P95000093512 (8)

1. Corporation Name

DESOTO COUNTY BOARD OF REALTORS, INC.



Principal Place of Business

Mailing Address

10 S DOSOTO AVE X SUITE C  
ARCADIA FL 33821 X

10 S DOSOTO AVE X SUITE C  
ARCADIA FL 33821

10 S. DeSoto Ave.  
Suite C.  
Arcadia, Fl. 34266

10 S. DeSoto Ave.  
Suite C.  
Arcadia, Fl. 34266

2. Principal Place of Business

2a. Mailing Address

21 10 S. DeSoto Ave

26 Same

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 Suite C

28 Suite C

24 Arcadia, Fla.

29 Arcadia, Fla.

25 34266

30 34266

26 USA

31 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/04/1995

3a. Date of Last Report

4. FEI Number

59-2921214

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

10. Name and Address of New Registered Agent

DOW, MARY  
11 E. OAK ST.  
ARCADIA FL 33821

81 Name

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

83

84 City

Arcadia

FL

85 Zip Code  
34266

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

TITLE ☐ DELETE

NAME  
P  
BACKER, TIMOTHY  
STREET ADDRESS  
10 S DOSOTO AVE., SUITE C  
CITY-ST-ZIP  
ARCADIA FL 33821

TITLE ☐ DELETE

NAME  
V  
AMBLER, LOUIS JR  
STREET ADDRESS  
10 S DOSOTO AVE., SUITE C  
CITY-ST-ZIP  
ARCADIA FL 33821

TITLE ☐ DELETE

NAME  
ST  
DOW, MARY  
STREET ADDRESS  
10 S DOSOTO AVE., SUITE C  
CITY-ST-ZIP  
ARCADIA FL 33821

TITLE ☐ DELETE

NAME  
D  
MARKER, KEITH  
STREET ADDRESS  
10 S DOSOTO AVE., SUITE C  
CITY-ST-ZIP  
ARCADIA FL 33821

TITLE ☐ DELETE

NAME  
D  
TURNER, EUGENE JR  
STREET ADDRESS  
10 S DOSOTO AVE., SUITE C  
CITY-ST-ZIP  
ARCADIA FL 33821

TITLE ☐ DELETE

NAME  
D  
BRANNEN, GWEN  
STREET ADDRESS  
10 S DOSOTO AVE., SUITE C  
CITY-ST-ZIP  
ARCADIA FL 33821

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

10 S. DeSoto Ave. Suite C.

1.4 CITY-ST-ZIP

Arcadia, Fl. 34266

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

Ambler, Lewis Jr  
10 S. DeSoto Ave. Suite C.

2.4 CITY-ST-ZIP

Arcadia, Fl. 34266

3.1 TITLE

☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

10 S. DeSoto Ave. Suite C

3.4 CITY-ST-ZIP

Arcadia, Fl. 34266

4.1 TITLE

☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

Markey, Keith  
10 S. DeSoto Ave. Suite C

4.4 CITY-ST-ZIP

Arcadia, Fl. 34266

5.1 TITLE

☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

10 S. DeSoto Ave. Suite C

5.4 CITY-ST-ZIP

Arcadia, Fl. 34266

6.1 TITLE

☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

10 S. DeSoto Ave. Suite C.

6.4 CITY-ST-ZIP

Arcadia, Fl. 34266

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96

941-494-6062

CR2E034 (12/95)