

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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90222 020 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000093512

1. Corporation Name

DESOTO COUNTY BOARD OF REALTORS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**10 S DESOTO AVE
SUITE C
ARCADIA FL 34266
US**

Mailing Address
**10 S DOSOTO AVE., SUITE C
ARCADIA FL 33821**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

3. Date Incorporated or Qualified
12/04/1995

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

7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**DOW, MARY
11 E. OAK ST.
ARCADIA FL 34266**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANDERS, KENNETH M	1.2 NAME	TURNER, EUGENE, JR.
STREET ADDRESS	10 S DESOTO AVE SUITE C	1.3 STREET ADDRESS	10 S. DE SOTO AVE STE C
CITY-ST-ZIP	ARCADIA FL 34266	1.4 CITY-ST-ZIP	ARCADIA, FL. 34266
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLTON, WAYNE	2.2 NAME	
STREET ADDRESS	10 S DESOTO AQVE SUITE C	2.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAMIOTEA, KATHY	3.2 NAME	MARKEY, KEITH
STREET ADDRESS	10 S DESOTO AVE SUITE C	3.3 STREET ADDRESS	10 S. DESOTO AVE.
CITY-ST-ZIP	ARCADIA FL	3.4 CITY-ST-ZIP	ARCADIA, FL. 34266
TITLE	P <input checked="" type="checkbox"/> DELETE	4.1 TITLE	GAMIOTEA, KATHEY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKEY, KEITH	4.2 NAME	10 S. DESOTO AVE STE C
STREET ADDRESS	10 S DESOTO AVE SUITE C	4.3 STREET ADDRESS	ARCADIA, FL. 34266
CITY-ST-ZIP	ARCADIA FL	4.4 CITY-ST-ZIP	
TITLE	TS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	TS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVENSON, CHRIS	5.2 NAME	BACKER, TIM
STREET ADDRESS	10 S DESOTO AVE SUITE C	5.3 STREET ADDRESS	10 S. DESOTO AVE
CITY-ST-ZIP	ARCADIA FL 34266	5.4 CITY-ST-ZIP	ARCADIA, FL. 34266
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANNEN, GWEN	6.2 NAME	
STREET ADDRESS	10 S DESOTO AVE SUITE C	6.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL	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: **MARILYN KAROCQUE** **MARILYN KAROCQUE** **2/10/99** **941/494-7700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **ACCORD. EYEN.** Date Daytime Phone #

CR2E034 (11/98)