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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P95000095598**1. Corporation Name

TIOGA REALTY, INC.

Principal Place	e of Business	Mailing Address						
13151 NEWBER	RY ROAD	PO BOX 13461						
TIOGA FL 3266	9	GAINESVILLE FL 32604				DO NOT MIDITE IN THIS SPACE		
US		US				DO NOT WRITE IN TH S SPACE		
						3. Date Incorporated or Qualifed	ŀ	
		T =				12/14/1995		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number Applied For		
21		26				59-3363198 Not Applica		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired   \$8.75 Ac ditional Fee Required	tl	
22		27						
- City & State	e	City & State				6. Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution Added to Fees		
Zip Coun ry		Zip Country			8. This corporation owes the current year Intangible  Personal Property Tax.   Yes {]No			
24	25	- —	30			1 Crooms 1 Tepony Com	-	
	9. Name and Address of Current	t Registered Agent		TAL .		10. Name and Address of New Registered Agent		
DIAZ	TING A		· ·	31   1	Name			
	LUIS A		ε	32 5	Street Addr	dress (P.O. Box Number is Not Acceptable)	$\neg$	
	1 NEWBERRY ROAD			$\perp$				
HOG	iA FL 32669		8	33				
			-	34 (	Oity	85 Zip Code		
•				" `	Jity	FL   The state of		
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was at	uthorized t	ov tne	amed corp e corporation	rporation submits this statement for the purpose of changing its registeration's board of cirectors. I hereby accept the appointment as registered	ad	
	m ramiliar with, and accept the obligat	inis di, secuon don.0005, moi	iua Statuti	es.			l	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTI:	Registered A	gent sig	gnature require	red when reinstating) DATE	.	
12.	OFFICERS AN	<u> </u>	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	2	
TITLE	D	☐ DELETE	1.1 TITU	E		☐ Change ☐ Ad	dition	
NAME	DIAZ. LUIS A		1.2 NAM	1.2 NAME				
STREET ADDRE 3S	13151 NEWBERRY ROAD		1.3 STR	FET AD	ODRESS			
	TIOGA FL 32669			1.4 CITY-ST-ZIP				
CITY-ST-ZIP TITLE	0	TT DELETE		2.1 TITLE		☐ Change ☐ Ad	idition	
	i =		2.2 NAM		ĺ		ŀ	
NAME	DIAZ, MIGUEL J				מחרכים			
STREET ADDRE 3S	13151 NEWBERRY ROAD		2.3 STR		i			
C/TY-ST-ZIP	TIOGA FL 32669	DELETE	2.4 CIT		ZIP -	Change Ad	ldition	
TITLE	D D	☐ Deteie	3.1 TITL			9		
NAME	PIERCE, TRICIA M		3.2 NAM					
STREET ADDRE 3S	13151 NEWBERRY ROAD		3.3 STR					
CITY-ST-ZIP	HIGH SPRINGS FL 32669		3.4. CIT		ZIP	Change Ad	dition	
TITLE	S	☐ DELETE	4.1 TITLI			□ Criange □ Ao	GILIOTI	
NAME	DIAZ, ANELIESE		4, 2 NAN					
STREET ADDRE 3S	13151 NEWBERRY ROAD		4.3 STR	EET AD	DDRESS			
CITY-ST-ZIP	TIOGA FL 32669		4.4 CITY	′-\$T-ZI	ib.		14.6	
TITLE		☐ DELETE	5.1 TITLE			Change Ad	aition	
NAME			52 NAM					
STREET ADDRESS			5.3 STR					
CITY-ST-ZIP			5.4 CITY		IP			
TITLÉ		☐ DELETE	6.1 TITL	E	1	☐ Change ☐ Ad	dition	
NAME			6.2 NAM	Œ				

14. Thereby certify that the information susplied 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 attact ment with an address, with all other like empowered.

6.3 STREET ADDRESS

6 4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

352 331 6220

FILED Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90037 035 \*\*\*150.00