

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Aug 17, 1999 8:00 am
Secretary of State

08-17-1999 90010 021 ***150.00

DOCUMENT # **P96000004578**

1. Corporation Name

REAL ESTATE INVESTMENT CORPORATION

Principal Place of Business

**800 GULF BREEZE PARKWAY
GULF BREEZE FL 32561
US**

Mailing Address

**POST OFFICE BOX 12603
SUITE 222
PENSACOLA FL 32590
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/10/1996

4. FEI Number

59-3354613

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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 12063

City & State

Zip

Country

City & State

Zip

Country

9. Name and Address of Current Registered Agent

**LOZIER, DANIEL R
125 W ROMANA STREET
SUITE 222
PENSACOLA FL 32501**

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

TITLE **P** ☐ DELETE

NAME **MATTHEWS, JOHNNY**
STREET ADDRESS **804 S PALAFOX**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **VP** ☐ DELETE

NAME **RUSSENBERGER, RAY**
STREET ADDRESS **804 S PALAFOX**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **VP** ☐ DELETE

NAME **MATTHEW, DONNA**
STREET ADDRESS **804 S PALAFOX**
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE ☐ DELETE

NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/12/99
Date

(850) 432-4855
Daytime Phone #

CR2E034 (5/99)

0114948

P9600004578
606688-90010-21



Florida Department of State
Division of Corporations
Annual Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

On August 11, 1999, I talked with Stacey in your office concerning the 1999 Corporation Annual Report for Real Estate Investment Corporation document #P96000004578. The first notice for the return was returned to your office due to a bad address. Your staff had improperly updated the mailing address. The wrong information was keyed in. The correct address was provided to you. Per Stacey's instruction I am enclosing the return and the \$150.00 that was due with the original return.

Thanks for your assistance and also Stacey was very pleasant and helpful when I called in.

Sincerely,

Johnny Matthews
President

800 GULF BREEZE PARKWAY
GULF BREEZE, FLORIDA 32561
(904) 916-4FUN