

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

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90074 021 ***150.00

DOCUMENT # P96000006339

1. Corporation Name

REAL ESTATE UNLIMITED, INC.

Principal Place of Business
35364 STATE ROAD 54 WEST
ZEPHYRHILLS FL 33541

Mailing Address
35364 STATE ROAD 54 WEST
ZEPHYRHILLS FL 33541

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/17/1996

4. - FEI Number
59-3368609

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

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

2. Principal Place of Business

21 35364 SR 54 West

Suite, Apt. #, etc.

22 Zephyrhills FL

City & State

23 33541

Zip

24 33541 25 Pasco

County

2a. Mailing Address

26 35368 SR 54 West

Suite, Apt. #, etc.

27 Zephyrhills

City & State

28 FL

Zip

29 33541 30 Pasco

County

9. Name and Address of Current Registered Agent

POMP, DEBBIE M
35368 S.R. 54 WEST
ZEPHYRHILLS FL 33541

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 CARPENTER, DEBBIE M
STREET ADDRESS 35364 S.R. 54 WEST
CITY-ST-ZIP ZEPHYRHILLS FL 33541

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DEBBIE M. POMP ☒ Change ☐ Addition

1.2 NAME VICE PRESIDENT

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE PRESIDENT ☐ Change ☒ Addition

2.2 NAME SID L. POMP

2.3 STREET ADDRESS 35372 SR 54 West

2.4 CITY-ST-ZIP ZEPHYRHILLS FL 33541

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZE034 (11/98)