

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 23 1998 8:00am
Secretary of State

DOCUMENT # **P96000020829 (3)**

1. Corporation Name

ARMSTRONG REALTY GROUP, INC.



Principal Place of Business

**5915 MEMORIAL HWY. SUITE K
TAMPA FL 33615**

Mailing Address

**5915 MEMORIAL HWY. SUITE K
TAMPA FL 33615**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1996

4. FEI Number

59-3381493

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 3300 HENDERSON

Suite, Apt. #, etc.

22 SUITE 100

City & State

23 TAMPA, FL

Zip

24 33609

Country

25 USA

2a. Mailing Address

26 212 SOUTH WARD ST.

Suite, Apt. #, etc.

27

City & State

28 TAMPA, FL

Zip

29 33609

Country

30 USA

9. Name and Address of Current Registered Agent

**ARMSTRONG, NEIL H
5915 MEMORIAL HWY. SUITE K
TAMPA FL 33615**

10. Name and Address of New Registered Agent

81 Name

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

3300 HENDERSON

83 SUITE 100

84 City TAMPA

FL

85 Zip Code 33609

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, in 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

Neil H. Armstrong
Signature, typed or printed name of registered agent and title if applicable

NEIL H. ARMSTRONG

9-14-98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

11 TITLE ☐ DELETE

NAME **ARMSTRONG, NEIL H**

STREET ADDRESS **5915 MEMORIAL HIGHWAY STE K**

CITY-ST-ZIP **TAMPA FL 33615**

12 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

14 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

15 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

16 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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:

Neil H. Armstrong
NEIL H. ARMSTRONG

813 281-1937

CR2E034 (5/98)