

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  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90021 028 \*\*\*150.00

DOCUMENT # P96000068489

1. Corporation Name  
ALOHA REALTY, INC.

Principal Place of Business  
13430 MIRELLA ST  
PENSACOLA FL 32507

Mailing Address  
13430 MIRELLA ST  
PENSACOLA FL 32507

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/14/1996

4. FEI Number  
59-3395463

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 Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 13335 JOHNSON BEACH RD  
Suite, Apt. #, etc.

22

City & State

23 PENSACOLA, FL

Zip Country

24 32507 25 USA

2a. Mailing Address

26 PO BOX 34471  
Suite, Apt. #, etc.

27

City & State

28 PENSACOLA, FL

Zip Country

29 32507 30

9. Name and Address of Current Registered Agent

BUFORD, LOUISA H  
13430 MIRELLA ST  
PENSACOLA FL 32507

10. Name and Address of New Registered Agent

81 Name

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

13335 JOHNSON BEACH RD

83

84 City PENSACOLA

FL

85 Zip Code 32507

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 *Louisa H. Buford*

(NOTE: Registered Agent signature required when reinstating)

4/8/99

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME BUFORD, LOUISA H  
STREET ADDRESS 13430 MIRELLA ST  
CITY-ST-ZIP PENSACOLA FL 32507

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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: *Louisa H. Buford*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/99

Date

850-492-9819

Daytime Phone #

0532447

CR2E034 (1/1/98)