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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000068599 (5)

1. Corporation Name
AMFLORIDA REALTY, INC.

Principal Place of Business
4241 BAYMEADOWS ROAD
SUITE 17
JACKSONVILLE FL 32217

Mailing Address
4241 BAYMEADOWS ROAD
SUITE 17
JACKSONVILLE FL 32217-4674

3. Date Incorporated or Qualified
08/16/1996
3a. Date of Last Report
N/A
4. FEI Number
59-3401604
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**
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

JACKSON, BOBBY L
9178 TOTTENHAM COURT
JACKSONVILLE FL 32257

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY- ST- ZIP	Change	Addition
P	Bobby L. Jackson	9178 Tottenham Ct.	Jacksonville, FL 32257	<input type="checkbox"/>	<input type="checkbox"/>
S	Martha W. Jackson	9178 Tottenham Ct.	Jacksonville, FL 32257	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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: Bobby L. Jackson Bobby L. Jackson

4/21/97 904-731-3111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0036114

CR2E034 (9/96)