FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000032214 (3)

STAFFORD REALTY, INCORPORATED

FILED Apr 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				A SECURE AND INCIDENT MANY MANY MANY MANY MANY MANY MANY MANY	
2 OFFICE PARK DRIVE. SUITE A11 & A12 2 OFFICE PARK DRIVE. SUITE PALM COAST FL 32137 PALM COAST FL 32137			UITE A11 & A12	TE A11 & A12 DO NOT WRITE IN THIS SPACE	
PALM COAST FL 32137		PALM COAST FL 32137			
				3. Date Incorporated or Qualified	
				05/06/1997	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied For	
21		26		59-3451822 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional	
22		27		5. Certificate of Status Desired Fee Required	
City & State		City & State		Election Campaign Financing \$5.00 May Be	
23		28		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year intangible	
24	25 25 g, Name and Address of Curr		30]	Personal Property Tax due June 30. Yes X No 10. Name and Address of New Registered Agent	
CT.		an ringinion Agoin	81 Name		
SIAFOND, REFFAND E ON				. <u> </u>	
2 OFFICE PARK DRIVE, SUITE A11 & A12 PALM COAST FL 32137			82 Street	Address (P.O. Box Number is Not Acceptable)	
FAUN COASI FL 32197					
			84 City	85 Zip Code	
44 Pursuant	to the provisions of Sections 607.0	502 and 607 1508 Florida Statute	s the above-named	covocration submits this statement for the number of changing its registered	
office or r	registered agent, or both, in the Sta	ito of Florida Such change was at	uthorized by the cor	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	
ļ	im tamiliar with, and accept the ob-	igations of, Section 607.0505, Flor	noa Statutes.	į	
SIGNATURE	Signature, typed or printed name of registered a	agent and tille if applicable (NOTE)	Registered Agent signature	e required when reinstating) DATE	
12.		NO DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		DELETE	1.1 TITLE	President Change Addition	
NAME			1.2 NAME	Reffard E. Stafford Sr.	
STREET ADDRESS			1.3 STREET ADDRESS	42 Bannbury Lane	
CITY-ST-ZIP			1.4 CITY - ST - ZIP	Palm Coast, FL 32137	
TITLE		DELETE	2.1 TITLE	Change Addition	
NAME			2.2 NAME		
STREET ADDRESS	}		2.3 STREET ADDRESS	1	
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3 1 TITLE	Change Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELFTE	4.1 TITLE	Change Addition	
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
City-St-Zip			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	Change Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	Change Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
	certify that the information supplied	with this filing does not qualify for		ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information	

ilemental annual report is tige and accurate and that my signature shall have the same legal effect as if made under oath; that I am an the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in attractional with an address.