

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 06, 1999 8:00 am
Secretary of State

05-06-1999 90006 003 ***150.00

DOCUMENT # P97000044739

1. Corporation Name

PALMER REALTY GROUP, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/16/1997

4. FEI Number

65-0753040

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WARREN, SIMON
7140 S. BENEVA
SARASOTA FL 34238

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD ☐ DELETE
NAME WARREN, SIMON
STREET ADDRESS 7140 BENEVA RD.
CITY-ST-ZIP SARASOTA FL 34238

1.1 TITLE TSD ☒ Change ☐ Addition
1.2 NAME WARREN, SIMON
1.3 STREET ADDRESS 7140 Beneva Rd
1.4 CITY-ST-ZIP Sarasota FL 34238

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE P ☐ Change ☒ Addition
2.2 NAME DON HUGHES
2.3 STREET ADDRESS 8447 S. Tamiami Trail
2.4 CITY-ST-ZIP Sarasota FL 34238

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE V ☐ Change ☒ Addition
3.2 NAME Kathleen D. Wood
3.3 STREET ADDRESS 363 Renoir Dr
3.4 CITY-ST-ZIP Osprey FL 34229

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Associate V ☐ Change ☒ Addition
4.2 NAME Bruce Winter
4.3 STREET ADDRESS 1630 Southwood St
4.4 CITY-ST-ZIP Sarasota FL 34231

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Associate V ☐ Change ☒ Addition
5.2 NAME May McNeill
5.3 STREET ADDRESS 6211 Medici Ct #308
5.4 CITY-ST-ZIP Sarasota FL 34243

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Associate V ☐ Change ☒ Addition
6.2 NAME Dennis Riley
6.3 STREET ADDRESS 1461 John Ringling Pkwy
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 19A.73(3)(b), Florida Statutes, and 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]
SIGNATURE OF THE PERSON WHO IS THE REGISTERED AGENT OR DIRECTOR

Date: Apr 27 1999 Page: 1 of 1 025 765

CR2E034 (11/98)