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PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

FILED

May 04 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000084118 (3) DOCUMENT #

GOLDEN HILLS REALTY SALES, INC.

Principal Place of Business Mailing Address CAO 756 SW MARTIN LUTHER KING JR. AVE. C/O 756 SW MARTIN LUTHER KING JR. AVE. OCALA FL 34474 OCALA FL 34474 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/26/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For P.O. Box 3593 756 M. L. King 59-3472668 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Ocala Ocala 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 25 US US ☐ No Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FUTCH, R W **500 NORTHEAST 8TH AVENUE** 82 Street Address (P.O. Box Number is Not Acceptable) OCALA FL 34470 83 84 City 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 it applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Addition TITLE DELETE 1.1 TITLE Change MEAD, KENNETH M NAME 1.2 NAME 1669 N.W. 114TH LOOP STREET ADDRESS 1.3 STREET ADDRESS **OCALA FL 34475** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE ☐ Change Addition 2.1 DITE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZiP CITY-ST-ZIP DELETE 31 TITLE Change Addition TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 6 1 TITLE ___ Addition TITLE NAME 6.2 NAME

63 STREET ADDRESS 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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