

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90278 008 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000007369

Corporation Name
Real Returns, Inc

Principal Place of Business Mailing Address
800 S. Osprey Ave Sarasota, FL 34236 **800 S. Osprey Ave Sarasota, FL 34236**

Principal Place of Business 2a. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Country Country

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified **12/3/97**
4. FEI Number **65-0798157** 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
T. Raymond Suplee
800 S. Osprey Ave.
Sarasota, FL 34236

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

1. 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		(NOTE: Registered Agent signature required when reinstating)		DATE	
2. OFFICERS AND DIRECTORS					
TITLE	NAME	TITLE	NAME	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
Pres/Director	IAN A. NAISMITH	1.1 TITLE		nge <input type="checkbox"/> Addition	
800 S. Osprey Ave.		1.2 NAME			
Sarasota, FL 34236		1.3 STREET ADDRESS			
		1.4 CITY-ST-ZIP			
VP/Director	David Shoemaker	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
800 S. Osprey Ave.		2.2 NAME			
Sarasota, FL 34236		2.3 STREET ADDRESS			
		2.4 CITY-ST-ZIP			
Sec.	T. Raymond Suplee	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
800 S. Osprey Ave.		3.2 NAME			
Sarasota, FL 34236		3.3 STREET ADDRESS			
		3.4 CITY-ST-ZIP			
Treas.	Norman J. Ska III	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
800 S. Osprey Ave.		4.2 NAME			
Sarasota, FL 34236		4.3 STREET ADDRESS			
		4.4 CITY-ST-ZIP			
		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.2 NAME			
		5.3 STREET ADDRESS			
		5.4 CITY-ST-ZIP			
		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.2 NAME			
		6.3 STREET ADDRESS			
		6.4 CITY-ST-ZIP			

4. 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: **4-22-98 (941) 330-8209**