

DOCUMENT # P98000014720

1. Entity Name

ALL STAR REALTY &amp; INVESTMENTS, INC.

Principal Place of Business

816 N.W. 30 AVENUE  
SUITE A  
OCALA FL 34478  
US

Mailing Address

4500 NW 82ND CT  
OCALA FL 34482-2046

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

6. Name and Address of Current Registered Agent

WHITMORE, JOE I  
4500 NW 82ND CT  
OCALA FL 34482

REINSTATEMENT

4. FEI Number

59-3496205

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)☒

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution.☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DeleteP  
WHITMORE, JACQUELINE D  
4500 N.W. 82 COURT  
OCALA FL 34482TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DeleteVPST  
WHITMORE, JOE I  
4500 N.W. 82 COURT  
OCALA FL 34482TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joe I. Whitmore, Joe I. Whitmore, 9/30/00 352-867-1807

FILED

00 DEC 12 PM 2:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E034 (9/99)