SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 12 PM 5:10

DOCUMENT # S14528 (1)

1. Corporation Name
FLORIDA UNITED REAL ESTATE SERVICES, INC.

Principal Place of Business
C/O THOMAS B. MESSIER
1400 ROYAL PALM SQUARE BLVD., SUITE 102
FORT MYERS FL 33919

Mailing Address
2552 LAKE ELLEN CIR
TAMPA FL 33618
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/16/1990
3a. Date of Last Report: 02/10/1994
4. FEI Number: 65-0236527 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

9. Name and Address of Current Registered Agent
MESSIER, THOMAS B.
1400 ROYAL PALM SQUARE BLVD.
SUITE 102
FORT MYERS FL 33919

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when consenting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	☐ Change ☐ Addition
NAME	MESSIER, THOMAS B.	1.2 NAME	
STREET ADDRESS	1400 ROYAL PALM SQ BLVD.	1.3 STREET ADDRESS	
CITY · ST · ZIP	FT MYERS FL	1.4 CITY · ST · ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	MESSIER, THOMAS B.	2.2 NAME	
STREET ADDRESS	1400 ROYAL PALM SQ BLVD.	2.3 STREET ADDRESS	
CITY · ST · ZIP	FT MYERS FL	2.4 CITY · ST · ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY · ST · ZIP		3.4 CITY · ST · ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY · ST · ZIP		4.4 CITY · ST · ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY · ST · ZIP		5.4 CITY · ST · ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY · ST · ZIP		6.4 CITY · ST · ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Thomas B. Messier Pres. — 6-7-95 — 968-2967
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Thomas B. Messier

CR2E034 (3/95)

01655000 FP