## 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** 

## DOCUMENT # \$36114

1. Corporation Name

DOWLING REALTY, INC.

Principal Place of Business Mailing Address				<del></del>	4 10041016 108 11118 01381 11041 11011 1101 11011	JA OLDAN DITUK DADAN DI	IBIR BREAL HOUS
249 POINCIANA DRIVE		249 POINCIANA DRIVE					
INDIAN HARBOUR 32937		INDIAN HARBOUR BEACH FL 32937		DO NOT WOITE IN TH	IIC CDACE		
•		υs		DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified			
					02/26/1991		
2 Dringing Di	lose of Pusiness	2a. Mailing Address			4. FEI Number	Apr	plied For
2. Principal Place of Business 2a.		—			59-3050599	<u> </u>	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 A		
22	٠٠,	27			5. Certifcate of Status Desired	Fee Red	quired
City & State	8	City & State			6. Election Campaign Financing	\$5.00	May Be
23	_	28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country	<i>'</i>	8. This corporation owes the current year		
24	25	29 30			Personal Property Tax.		ZNo
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New Registers	a Agent	
DOWLING, GEORGE T.			Ľ	Name			
249 POINCIANA DRIVE			82	Street A	Address (P.O. Box Number is Not Acceptable)		
INDIAN HARBOUR BEACH FL 32937			83	-			
			84	City	F	85 Zip C	ode
11 Dureuant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statutes, 1	he abov	e-named o	corporation submits this statement for the purpose	of changing its	registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was autho	nized by	tne corpo	ration's board of directors. I hereby accept the app	pointment as rec	jistered
	m familiar with, and accept the obliga	tions of Section 607.6363, Florida	Statutes	<b>.</b>			ļ
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable (NOTE: Regi	istered Age	nt signature re-	quired when reinstating) DATE		
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	P	□ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	DOWLING, COLLEEN A.		1.2 NAME				
STREET ADDRESS	249 POINCIANA DR.		1.3 STREE	TADDRESS			
CITY-ST-ZIP	INDIAN HARBOUR BCH FL		1.4 CITY-S	T-ZIP			
TITLE	ST	☐ DELETÉ	2.1 TITLE			Change	☐ Addition
NAME	DOWLING, GEORGE T. 22 NA		2.2 NAME				
STREET ADDRESS	249 POINCIANA DR.		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	110001101000110		2 4 CITY-	ST-ZIP		Change	Addition
TITLE	<del>-</del>		3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS				TADORESS			
CITY-ST-ZIP		☐ DELETE	3.4. CITY-:	ST-ZIP		Change	Addition
TITLE		LJ DECEIE	4.1 TITLE			Change	
NAME			4. 2 NAME				
STREET ADDRESS				TADDRESS			ļ
CITY-ST-ZIP		□ DELETE	4.4 CITY-5	T-ZIP		☐ Change	Addition
TITLE	,	☐ DELETE	5.1 TITLE 5.2 NAME			Change	
NAME				T ADDRESS			
STREET ADDRESS	•			1			
CITY-ST-ZIP		☐ DELETE	5.4 CITY-S 6.1 TITLE	51-ZIF		☐ Change	Addition
TITLE		C DELETE		- 1		change	

14. 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.

63 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CITY+ST-ZIP

May 05, 1999 8:00 am Secretary of State

05-05-1999 90097 048 \*\*\*150.00

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CR2E034 (11/98)