

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S58716 (9)
1. Corporation Name
COLUMBIA REALTY GROUP, INCORPORATED

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
**19850 S. TAMiami TRAIL
ESTERO FL 33928** **19850 S. TAMiami TRAIL
ESTERO FL 33928**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified **06/11/1991** 3a. Date of Last Report **03/07/1994**
4. FEI Number **58-1957475** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be
Added to Fees**
7. This corporation has liability for intangible tax under S. 199.952,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CONSOER, GEORGE L JR
1625 HENDRY STR
STE 301
FT MYERS FL 33901**

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 George L. Consoer, Jr.

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

(NOTE: Registered Agent signature required when manifesting)

DATE

3/13/95

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DUKE, DONALD R. LED
STREET ADDRESS	19850 S. TAMiami TRAIL
CITY - ST - ZIP	ESTERO FL
TITLE	DVS
NAME	LOTURCO, JOSEPH D.
STREET ADDRESS	19850 S. TAMiami TRAIL
CITY - ST - ZIP	ESTERO FL
TITLE	DV
NAME	BETTE, KEVIN M.
STREET ADDRESS	19850 S. TAMiami TRAIL
CITY - ST - ZIP	ESTERO FL
TITLE	DT
NAME	BETTE, MICHAEL F.
STREET ADDRESS	19850 S. TAMiami TRAIL
CITY - ST - ZIP	ESTERO FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/95

813-992-4140
Telephone Number