FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S60972** **(4)**

1. Corporation Name
REAL ESTATE HOUSE, INC.

Principal Place of Business	Mailing Address
3254 GULF BREEZE PARKWAY P.O. BOX 6186 GULF BREEZE FL 32561	3254 GULF BREEZE PARKWAY P.O. BOX 6186 GULF BREEZE FL 32561

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/17/1991**
3a. Date of Last Report: **05/01/1994**

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

4. FEI Number: **59-3071764** ☐ 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. The corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GODWIN, ROY G., 3254 FORDHAM DRIVE GULF BREEZE FL 32561	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 _____ (NOTE: Registered Agent's signature required when executing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	11 TITLE	☐ Change ☐ Addition
NAME	COLLINS, DAVID L.	12 NAME	
STREET ADDRESS	3460 SYCAMORE LANE	13 STREET ADDRESS	
CITY ST ZIP	GULF BREEZE FL 32561	14 CITY ST ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	GODWIN, ROY G.,	22 NAME	
STREET ADDRESS	4197 MADURA RD.	23 STREET ADDRESS	
CITY ST ZIP	GULF BREEZE FL 32561	24 CITY ST ZIP	
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	BOGAN, LESLIE E III ,	32 NAME	
STREET ADDRESS	3218 CORAL STRIP PKWY.	33 STREET ADDRESS	
CITY ST ZIP	GULF BREEZE FL 32561	34 CITY ST ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	LAVIOLETTE, DAVID F ,	42 NAME	
STREET ADDRESS	4 CALLE HERMOSA	43 STREET ADDRESS	
CITY ST ZIP	PENSACOLA BEACH FL 32561	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(i), Florida Statutes. I further certify that the information indicated on this annual report & 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 added to the report with my title.

SIGNATURE: _____ David F. LaViolette, Treas. 4/29/95 904-934-8700
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date (Daytime Phone #)

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