FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (6)**DOCUMENT #** 1. Corporation Name MCCAGG REALTY, INC. Mailing Address Principal Place of Business 2400 PALM RIDGE RD. 2400 PALM RIDGE RD. SUITE C-1 SHITE C4 SANIBEL FL 33957 SANIBEL FL 33957 3a. Date of Last Report 3. Date Incorporated or Qualified 08/05/1991 04/24/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-0215623 26 21 \$8.75 Additional Suite, Apt. #. etc 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be Oity & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032,  $Z_{\rm ID}$ Country Zio ☐ Yes ☐ No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable)
1995 MyTern Court 82 MCCAGG, SHELLENE M. 15837 GLENEAGLE COURT FORT MYERS FL 33908 85 33957 84 City Sanibel 11. Pursuant to the provisions of Sections 607.050? 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. Thereby accept the appointment as registered agent. Familiar with, and accept the obligations of, Section 607.0505, Florida Statutes DA<sup>7</sup>E SIGNATURE (FF. 1) Progression Agent signal management of encountering CR2E034 (12/95) Signature, typed depended on our of regions, it agest and the shapes rate ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition [ ] DELETE 1 1 THUE TITLE MCCAGG, SHELLENE M NAME 1.3 STHEFT ADDRESS 1995 MY-TERM COURT STREET ADDRESS 1.4 CITY - ST - ZiP SANIBEL FL CITY - ST - ZIP ne hbbA [ ☐ Change TT DELETE 2 1 THILE TITLE 2.2 NAME MCCAGG, DAVID P NAME 2.3 STREET ADDRESS 1995 MY-TERM COURT STREET ADDRESS 24 CHY-ST ZP SANIBEL FL CITY - ST - ZIP ☐ Change Addit on TT DELETE 3 1 Tills TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CiTY - ST - ZiP CITY - ST - ZIP Change ne fibbA 🔲 [] DELETE 4 1 Title TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHY - \$\* - 7.5 CITY - ST-ZIP Change Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 Ci\*Y - S\* - ZiP CHTY - ST - 7)P Addition DELETE 6.1 TiT. F TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CI\*Y - S\* - 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 cath, that I am a supplier or directory if the composition or the receiver or trustee empowered to execute this report as required by Chan or 607, Florida Statutes; and that my name

attachment with an audress.

ED NAME OF SIGNING OFFICER OR DIRECTOR

appears in Block 12

SIGNATURE