

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S71117** (3)

1. Corporation Name

REAL SUB, INC.



Principal Place of Business

**1936 GEORGE JENKINS BOULEVARD
LAKELAND FL 33801**

Mailing Address

**1936 GEORGE JENKINS BOULEVARD
LAKELAND FL 33801**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/06/1991

3a. Date of Last Report

02/14/1995

4. FEI Number

59-3079858

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

10. Name and Address of New Registered Agent

**BILLUPS, S. KEITH
1936 GEORGE JENKINS BOULEVARD
LAKELAND FL 33801**

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

Signature of person or persons changing the registered office or registered agent

Signature of Registered Agent (signature required when registered)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	☐ DELETE
NAME	JENKINS, HOWARD M.	
STREET ADDRESS	1936 GEORGE JENKINS BLVD	
CITY-STATE-ZIP	LAKELAND FL	
TITLE	D	☐ DELETE
NAME	JENKINS, CHARLES H. JR.	
STREET ADDRESS	1936 GEORGE JENKINS BLVD	
CITY-STATE-ZIP	LAKELAND FL	
TITLE	D	☐ DELETE
NAME	VASS, WILLIAM H.	
STREET ADDRESS	1936 GEORGE JENKINS BLVD	
CITY-STATE-ZIP	LAKELAND FL	
TITLE	D	☐ DELETE
NAME	BILLUPS, S. KEITH	
STREET ADDRESS	1936 GEORGE JENKINS BLVD	
CITY-STATE-ZIP	LAKELAND FL	
TITLE	D	☐ DELETE
NAME	JOHNSON, TINA P.	
STREET ADDRESS	1936 GEORGE JENKINS BLVD	
CITY-STATE-ZIP	LAKELAND FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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

S. Keith Billups

S. KEITH BILLUPS

1-24-96

(941) 688-1188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER

CR2E034 (12/95)