

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 # **S73048** (8)

1. Corporation Name

OUTLAW & HANKS REALTY, INCORPORATED



Principal Place of Business

P.O. BOX 1232
STARKE FL 32091

Mailing Address

P.O. BOX 1232
STARKE FL 32091

3. Date Incorporated or Qualified
08/12/1991

3a. Date of Last Report
02/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3082789

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OUTLAW, LAVERN H.
205 N. TEMPLE AVE
SUITE A
STARKE FL 32091**

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

Lavern H. Outlaw

4/18/96

Signature typed or printed name of registered agent and state and date

(If the Registered Agent signature is required, which is not the case)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPV	<input type="checkbox"/> DELETE
NAME	OUTLAW, LAVERN H.	
STREET ADDRESS	205 N. TEMPLE AVE	
CITY- ST- ZIP	STARKE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	OUTLAW, ALMA T.	
STREET ADDRESS	205 N. TEMPLE AVE	
CITY- ST- ZIP	STARKE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Outlaw, Lavern H.	
1.3 STREET ADDRESS	205 N. Temple Ave.	
1.4 CITY- ST- ZIP	Starke, FL 32091	
2.1 TITLE	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Hanks, Michael L.	
2.3 STREET ADDRESS	205 N. Temple Ave.	
2.4 CITY- ST- ZIP	Starke, Florida 32091	
3.1 TITLE	D/ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Outlaw, Alma T.	
3.3 STREET ADDRESS	205 N. Temple Ave.	
3.4 CITY- ST- ZIP	Starke, FL 32091	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

Lavern H. Outlaw

Lavern H. Outlaw

904-964-4522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone

CR2E034 (12/95)