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CORPORATION
ANNUAL REPORT
1995



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

95 MAY -1 AM 8:07

DOCUMENT # S76713

(4)

1. Corporation Name

CONIFER REALTY GROUP, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4995 TAMiami TRAIL EAST
NAPLES FL 33962

Mailing Address
4995 TAMiami TRAIL EAST
NAPLES FL 33962

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. # etc.

26 Suite, Apt. # etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

25 Country

30 Country

3. Date Incorporated or Qualified
08/29/1991

3a. Date of Last Report
08/05/1994

4. FEI Number
65-0289223

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

7. 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

BRUGGER, JOHN N.
600 FIFTH AVE. SOUTH
SUITE 210
NAPLES FL 33940

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 607.042 and 607.1509, 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

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If 12)

12.1 NAME
PDT
HOURAN, BRUCE G.
226 TORREY PINES POINT
NAPLES FL

13.1 NAME ☐ Change ☐ Addition
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY, ST. ZIP

12.2 NAME
DVP
SHANGNESSY, WILLIAM
780 WATERFORD DR. #101
NAPLES FL

13.5 NAME ☐ Change ☐ Addition
13.6 NAME
13.7 STREET ADDRESS
13.8 CITY, ST. ZIP

12.3 NAME
S
HOURAN, JOYCE
226 TORREY PINES PT.
NAPLES FL

13.9 NAME ☐ Change ☐ Addition
13.10 NAME
13.11 STREET ADDRESS
13.12 CITY, ST. ZIP

12.4 NAME
12.5 NAME
12.6 STREET ADDRESS
12.7 CITY, ST. ZIP

13.13 NAME ☐ Change ☐ Addition
13.14 NAME
13.15 STREET ADDRESS
13.16 CITY, ST. ZIP

12.7 NAME
12.8 NAME
12.9 STREET ADDRESS
12.10 CITY, ST. ZIP

13.17 NAME ☐ Change ☐ Addition
13.18 NAME
13.19 STREET ADDRESS
13.20 CITY, ST. ZIP

12.11 NAME
12.12 NAME
12.13 STREET ADDRESS
12.14 CITY, ST. ZIP

13.21 NAME ☐ Change ☐ Addition
13.22 NAME
13.23 STREET ADDRESS
13.24 CITY, ST. ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(2)(b), Florida Statutes. I further certify that the information included 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 use after this report is required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing or on an attachment with an address.

SIGNATURE:

Bruce G. Houran

BRUCE G. HOURAN

5-1-95 (813) 732-0422