

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S81456** (3)
1. Corporation Name
NORTH AMERICAN REALTY OF MONTICELLO CORP.



Principal Place of Business: **1229 W BASE ST
MADISON FL 32340
US**
Mailing Address: **PO BOX 389
MADISON FL 32341
US**

3. Date Incorporated or Qualified: **09/19/1991**
3a. Date of Last Report: **04/13/1995**

2. Principal Place of Business: Suite, Apt. #, etc.:
22 City & State:
23 Zip: Country:
24 25 29 30
2a. Mailing Address: Suite, Apt. #, etc.:
26 City & State:
27 Zip: Country:
28 29 30
4. FEI Number: **59-3093720**
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

**ANDERSON, GERALD W.
1229 W BASE ST
MADISON FL 32340**

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83 City:
84 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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE: ☐ DELETE
NAME: **ANDERSON, GERALD W.**
STREET ADDRESS: **1229 W BASE ST**
CITY-ST-ZIP: **MADISON FL**
TITLE: ☐ DELETE
NAME: **DPS**
STREET ADDRESS: **ANDERSON, GERALD W**
CITY-ST-ZIP: **1229 W BASE ST**
TITLE: ☐ DELETE
NAME: **ANDERSON, GERALD W**
STREET ADDRESS: **1229 W BASE ST**
CITY-ST-ZIP: **MADISON FL**
TITLE: ☐ DELETE
NAME: **ANDERSON, GERALD W**
STREET ADDRESS: **1229 W BASE ST**
CITY-ST-ZIP: **MADISON FL**
TITLE: ☐ DELETE
NAME: **ANDERSON, GERALD W**
STREET ADDRESS: **1229 W BASE ST**
CITY-ST-ZIP: **MADISON FL**
TITLE: ☐ DELETE
NAME: **ANDERSON, GERALD W**
STREET ADDRESS: **1229 W BASE ST**
CITY-ST-ZIP: **MADISON FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone No.

GERALD W. Anderson 04/25/96 904-973-3800

CR2E034 (12/95)