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Apr 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 32341-0389  
US



2. Principal Place of Business  
21 1401 W. Base St.  
Suite Apt # etc.  
22 City & State  
23 MADISON, FL  
Zip 32340 Country Madison  
24 25 26 27 28 29 30

3. Date Incorporated or Qualified 09/19/1991  
3a. Date of Last Report 05/01/1996  
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

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

10. Name and Address of New Registered Agent

81 Name ANDERSON, GERALD  
82 Street Address (P.O. Box Number is Not Acceptable) 1401 WEST BASE ST.  
83  
84 City MADISON, FL 85 Zip Code 32340

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

*Gerald W. Anderson*

03/27/97

Signer is: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME                | STREET ADDRESS | CITY-ST-ZIP | DELETE                   |
|-------|---------------------|----------------|-------------|--------------------------|
| T     | ANDERSON, GERALD W. | 1229 W BASE ST | MADISON FL  | <input type="checkbox"/> |
| DPS   | ANDERSON, GERALD W  | 1229 W BASE ST | MADISON FL  | <input type="checkbox"/> |
|       |                     |                |             | <input type="checkbox"/> |
|       |                     |                |             | <input type="checkbox"/> |
|       |                     |                |             | <input type="checkbox"/> |
|       |                     |                |             | <input type="checkbox"/> |
|       |                     |                |             | <input type="checkbox"/> |
|       |                     |                |             | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | Change                   | Addition                 |
|-----------|----------|--------------------|-----------------|--------------------------|--------------------------|
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Gerald W. Anderson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/27/97 904-973  
3800

Date Daytime Phone

0050766

CR2E034 (9/96)