

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V22457** (8)

1. Corporation Name

ADVANTAGE REALTY OF SARASOTA, INC.

Principal Office of Business

**4121 BEE RIDGE RD.
SARASOTA FL 34233
US**

Mailing Address

**C/O JEFFERSON F. RIDDELL
3400 S. TAMiami TRAIL, SUITE 202
SARASOTA FL 34239
US**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
03/18/1992

3a. Date of Last Report
05/24/1994

4. FEI Number
65-0318912

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

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RIDDELL, JEFFERSON F
3400 S. TAMiami TRAIL
SUITE 202
SARASOTA FL 34239**

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 607.0607 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 Sections 607.0609, Florida Statutes.

SIGNATURE

(Signature of Registered Agent, if different from above)

(Signature of Registered Agent, if different from above)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	DEERING, WILLIAM G
STREET ADDRESS	897 MADISON PLACE
CITY, ST, ZIP	NO MERRICK NY
TITLE	DVP
NAME	DEERING, ALBERT R
STREET ADDRESS	2640 MAN-O-WAR CIRCLE
CITY, ST, ZIP	SARASOTA FL
TITLE	S
NAME	DEERING, MAIRA B
STREET ADDRESS	2640 MAN-O-WAR
CITY, ST, ZIP	SARASOTA FL
TITLE	T
NAME	DEERING, MARGARET C
STREET ADDRESS	897 MADISON PLACE
CITY, ST, ZIP	NO MERRICK NY
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I 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)(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 person or persons 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. I am an attachment with an address.

SIGNATURE:

William G Deering
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William G Deering

April 20 1995, 800 541-5718
Date Telephone