

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # V51211 (3)
1. Corporation Name
WELLINGTON REALTY ADVISORS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
11015 N DALE MABRY HWY
TAMPA FL 33618
US

Mailing Address
11015 N DALE MABRY HWY
TAMPA FL 33618
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

MURPHY, THOMAS J.
12954 N. DALE MABRY HWY.
TAMPA FL 33618

3. Date Incorporated or Qualified

07/16/1992

4. FEI Number

59-3132397

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

Murphy, Thomas J.

82 Street Address (P.O. Box Number is Not Acceptable)

11015 N. Dale Mabry Hwy.

83

84 City

Tampa

FL

85 Zip Code

33618

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 fee if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE PT
NAME MURPHY, THOMAS,
STREET ADDRESS 3025 SAMARA DR
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE VP
NAME SCHWENCKE, KIM M.,
STREET ADDRESS 1803 N. RIVERHILLS DR.
CITY-ST-ZIP TEMPLE TERRACE FL

☐ DELETE

TITLE VPS
NAME AUGER, AL
STREET ADDRESS 103 COUNTRYSIDE DR
CITY-ST-ZIP LONGWOOD FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE

D/P/T

12 NAME

13 STREET ADDRESS

10503 Sago Drive

14 CITY-ST-ZIP

Tampa, FL 33618

21 TITLE

D/V

☒ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

V/D

☒ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

S

☐ Change ☒ Addition

42 NAME

Kevin Chandler

43 STREET ADDRESS

3603 Tacon Street West

44 CITY-ST-ZIP

Tampa, FL 33629

51 TITLE

D

☐ Change ☒ Addition

52 NAME

A.G. Rappaport

53 STREET ADDRESS

806 Guisando de Avila

54 CITY-ST-ZIP

Tampa, FL 33613

61 TITLE

☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I 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.

CR2E034 (10/97)