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

PROFIT CORPORATION ANNUAL REPORT



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

1996

SIGNATURE:

DOCUMENT # V62130
1. Corporation Name

(2)

ALL PRO REALTY OF PASCO COUNTY, INC.

Principal Place	of Business	Mailing Address	451MA	2 60210	7		
8020-STATE F NEW PORT R	NO.54 463 1 PHUBON , ICHEY FL 34668-0109 STE-4	2 8029 STATE RD 54 1 NEW PORT RICHEY FL	4-03-17-77-1 L- 04650-0400	576.4	Ž		
Principal Place of Business Mailing Address Mailing Address Mailing Address Mailing Address Mailing Address Mailing Address ST 405 I MAD ISON ST 8020 STATE RD 34 465 I MAD ISON ST 8020 ST 8020 STATE RD 34 465 I MAD ISON					03/03/ 1332 03/20/ 1333		
2. Principal Place of Business 2a. Mailing Address					1 L 1 in annua		Applied For
21 4051 MADISON ST. 26					59-3140801	\$8.75 Additional	
Suite, Apt. # 22 57		Suite, Apt. #, etc			5. Certificate of Status Desired	Fee Required	
Orty & State	PORT RICHEY, FL.	City & State			Election Campaign Financing Trust Fund Contribution	1 1	5.00 May Be dded to Fees
Zip 346:	Country 25	Z _I p	Country 30	,	8. This corporation has liability for in Florida Statutes Yes		er s. 199.032,
	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	egistered Agent	l .
			81	Name			
MERKEL, JAMES J. 8020 STATE RD 54' 4051 MAD IS ON ST. NEW PORT RICHEY FL 34653 0409 34653					ess (P.O. Box Number is Not Acceptable)		
NEW PO	RT RICHEY FL 34653 6409	STE 4	83				
	34652		84	City		Et 85	Zıp Code
		10011500 61 1 001	had the election	Language control	ration submits this statement for the pur	nose of changing	ts registered office
or registere familiar will	ed agent, or both, in the State of Floric h, and accept the obligations of Senti	a. Such change was authoriz nn 607,0505, Florida Statutes	zed by the corp s	ooration's boa	rd of directors. I hereby accept the appl	omment as regist	ered agent Tam
:	Skyrature, typed or prized name of registered agent		OTS Beginner Age	of signal off forgoing	a what rendatel og: ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRE	CTORS IN 12
12.	OFFICERS AND	DELETE	1 1 T T LE		Appliiolog of Affects To off	[] Cna	· •
NAME	MERKEL, JAMES J.	-	1.0 8(48.45	ļ			
STREET ADDRESS	-8020 STATE ND 54 4-05	1 MADISON ST	1.3 STRÉE	LAUDRESS			
CITY-ST-ZIP	NPORT RICHEY-FL-94853	STE 4	14 CI*Y -	S*-ZIP			
TITLE		34652 DELFTE				☐ Cha	ange 🔲 Addition
NAME			2.2 NAME				
STREET ADORESS			2.3 S1HEH	T ADDRESS			
CITY - ST - 7IP			240114-	ST-ZIP			F-1
TITLE		□ DELETE	3 1 TITLE		Change Addition		
NAME			3.2 NAME	-			
STREET ADDRESS				ET ADDRESS			
CITY - ST - ZIP		DECETE	3 4 C TY -			Chi	ange 🗍 Addition
TITLE			4 1 TIFLE	ı			ange D House
NAME			4.2 NAME	T ADDRESS			
STREET ADDRESS			1				
CITY - ST - ZIP TITLE		["] DELETE	5 1 Title			Ch.	ange 🔲 Addition
NAME		F-1 6-22-12	5 2 NAME				_
NAME STREET ADDRESS				T ADDRESS			
CITY-ST-7/P			5.4 City -	1			
TITLE		[] DELETE	6 1 Till(F			☐ Cn	ange 🔲 Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	ET ADDRESS			
CITY ST. 7IP			6.4 CITY -	· \$1 - 21P			
14. I do hereb certify that		ial report or supplemental an ration or the receiver or trust	indal report is t lee empowered		for the exemption stated in Section 119 ate and that my signature shall have the irs report as required by Chapter 607, F		

SIGNATURE IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR