FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 22 AM 8:50

DOCUMENT # **V65772** **(8)**

1. Corporation Name
MONARCH REALTY AT SEASIDE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 4767 SEASIDE FL 32459	P.O. BOX 4767 SEASIDE FL 32459

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/23/1992**
3a. Date of Last Report: **10/11/1994**

21 2. Principal Place of Business	204 WEST RUSKIN PLACE
22 Suite, Apt. #, etc.	
23 City & State	SEASIDE, FL.
24 Zip / 25 Country	32459-4377 / USA
26 2a. Mailing Address	P.O. BOX 4377
27 Suite, Apt. #, etc.	
28 City & State	SEASIDE FL
29 Zip / 30 Country	32459-4377 / USA

4. FEI Number: **59-3170063** ☐ 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

9. Name and Address of Current Registered Agent

BOWMAN, VICTOR S
204 WEST RUSKIN PLACE
SEASIDE FL 32459

10. Name and Address of New Registered Agent

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 607.0502 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	BOWMAN, VICTOR S	12 NAME	
STREET ADDRESS	204 W RUSKIN PLACE	13 STREET ADDRESS	
CITY ST ZIP	SEASIDE FL 32459	14 CITY ST ZIP	
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	RALPH MOSLEY	22 NAME	
STREET ADDRESS	3070 WHITLAND AVE	23 STREET ADDRESS	
CITY ST ZIP	NASHVILLE, TN 37205	24 CITY ST ZIP	
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	WILLIAM GRAU	32 NAME	
STREET ADDRESS	4990 VALLEY VISTA, CT.	33 STREET ADDRESS	
CITY ST ZIP	ATLANTA, GA. 30346	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(i), Florida Statutes. I further certify that the information indicated on this 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 added by an attachment with an address.

SIGNATURE: _____ 10 June 1995 904-24-1938
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0032269 CP