

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

PROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J20262 (8)

1. Corporation Name

CLIFF PARLOW CUSTOM BUILT HOMES, INC.

Principal Place of Business

7 MARKET PLACE COURT
PALM COAST FL 32137

Mailing Address

7 MARKET PLACE COURT
PALM COAST FL 32137-5105

3. Date Incorporated or Qualified

06/18/1986

3a. Date of Last Report

01/29/1996

4. FEI Number

59-2696902

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☒ Yes☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARLOW, CLIFF
57 WENTWORTH LANE
PALM COAST FL 32137

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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETENAME PARLOW, CLIFFORD T.
STREET ADDRESS 57 WENTWORTH LANE
CITY-ST-ZIP PALM COAST FL1.1 TITLE ☐ Change ☐ AdditionTITLE DVS ☐ DELETENAME PARLOW, DIANE L.
STREET ADDRESS 57 WENTWORTH LANE
CITY-ST-ZIP PALM COAST FL1.2 NAME ☐ Change ☐ AdditionTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP1.3 STREET ADDRESS ☐ Change ☐ AdditionTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP1.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP2.1 TITLE ☐ Change ☐ AdditionTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP2.2 NAME ☐ Change ☐ AdditionTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP2.3 STREET ADDRESS ☐ Change ☐ AdditionTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP2.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP2.5 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP2.6 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Clifford T. Parlow

CLIFFORD T. PARLOW

904 445-9678

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0023000

CR2E034 (9/96)