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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # K27474

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

MILFORD CUSTOM HOMES, INC.

City & State  Country  R. This corporation owes the current year Intangible Personal Property Tax.  Personal Property Tax.  Street Address of New Registered Agent  REYNOLDS, STEPHEN H.  215 MADISON ST  TAMPA FL 33602  REYNOLDS, STEPHEN H.  215 MADISON ST  TAMPA FL 33602  REYNOLDS, STEPHEN H.  215 MADISON ST  TAMPA FL 33602  REYNOLDS, STEPHEN H.  215 MADISON ST  TAMPA FL 33602  REYNOLDS, STEPHEN H.  215 MADISON ST  TAMPA FL 33602  REYNOLDS, STEPHEN H.  215 MADISON ST  TAMPA FL 33602  REYNOLDS, STEPHEN H.  215 MADISON ST  TAMPA FL 33602  REYNOLDS, STEPHEN H.  215 MADISON ST  TAMPA FL 33602  RESTREET ADDRESS  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS	Applied For Not Applicable 5 Additional Required 00 May Be ed to Fees  No
TAMPA FL 33609  TAMPA FL 33609  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  06/30/1988  2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0069845  Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.7  Fee City & State City & State 2b City & State 2c Zip Country Zip Country Zip Country Zip Country Add Zip Personal Property Tax. Yes  9. Name and Address of Current Registered Agent  REYNOLDS, STEPHEN H. 215 MADISON ST TAMPA FL 33602  10. Name and Address of New Registered Agent  82 Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the Address of Plorida Statutes as authorized by the corporation's board of directors. I hereby accept the appointment as agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the Address of Plorida Statutes as a positive of the collegent of the appointment as agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as agent. I	Not Applicable 5 Additional Required 00 May Be ed to Fees  No
DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed 06/30/1988  2. Principal Place of Business 2. Mailing Address 4. FEI Number 65-0069845  Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 2. City & State 2. Country 2. Country 2. Country 2. December 2. Suite, Apt. #, etc. 3. Certificate of Status Desired	Not Applicable 5 Additional Required 00 May Be ed to Fees  No
2. Principal Place of Business   2a. Mailing Address   4. FEI Number   65-0069845   5. Certificate of Status Desired   \$8.7     2.	Not Applicable 5 Additional Required 00 May Be ed to Fees  No
22. Principal Place of Business 26. Mailing Address 65-0069845  Suite, Apt. #, etc. 5. Certificate of Status Desired 65-0069845  Suite, Apt. #, etc. 5. Certificate of Status Desired 5. Record 65-0069845  Suite, Apt. #, etc. 5. Certificate of Status Desired 5. Record 65-0069845  Suite, Apt. #, etc. 5. Certificate of Status Desired 5. Record 65-0069845  Zip Country Zip Country 8. This corporation owes the current year Intangible 7-rust Fund Contribution 7-rust Fund Contribution 8-rust Fund Con	Not Applicable 5 Additional Required 00 May Be ed to Fees  No
Suite, Apt. #, etc.  Suite Active Gelection Campaign Financing Trust Fund Contribution  Add  Add  Add  Add  Add  Add  Add  A	5 Additional Required 00 May Be ed to Fees  No
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Size   Status Desired   \$8.7	Required  00 May Be ed to Fees  No
City & State  Country  Zip  Country  Zip  Country  8. This corporation owes the current year Intangible Personal Property Tax.	OO May Be ed to Fees  □ No □ No □ Cip Code
Zip   Country   Zip   Country   St. Trust Fund Contribution   Addition   Addition   Country   Zip   Country   St. This corporation owes the current year Intangible   Personal Property Tax.   Yes   Yes   Personal Property Tax.   Yes   Yes   Personal Property Tax.   Yes   Yes   Personal Property Tax.   Yes	ed to Fees  □ No  □ p Code  its registered
Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes  9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  REYNOLDS, STEPHEN H. 215 MADISON ST TAMPA FL 33602  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  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 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 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 reinstiding)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  WP  MORRIS, KENDALL  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS	□No
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REYNOLDS, STEPHEN H. 215 MADISON ST TAMPA FL 33602  82 Street Address (P.O. Box Number is Not Acceptable)  83   Reynolds   Registered Address   Registered Agent signature required when reinstating)   Registered Agent signature required when reinstating)   Registered Agent signature required when reinstating)   Registered Agent Structure   Registered Agent Structure   Registered Agent Signature   Registered Agent Signat	its registered
REYNOLDS, STEPHEN H. 215 MADISON ST TAMPA FL 33602  82 Street Address (P.O. Box Number is Not Acceptable)  83  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 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 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  TITLE  WP  DELETE  1.1 TITLE  Chan  MORRIS, KENDALL  STREET ADDRESS  3825-4 LANDER RD  1.3 STREET ADDRESS	its registered
215 MADISON ST TAMPA FL 33602  84 City  FL  85 Z  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 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  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  TITLE  WP  MORRIS, KENDALL  STREET ADDRESS  3825-4 LANDER RD  1.3 STREET ADDRESS  1.3 STREET ADDRESS	its registered
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12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  VP  MORRIS, KENDALL  STREET ADDRESS  3825-4 LANDER RD  1.3 STREET ADDRESS  1.3 STREET ADDRESS  1.4 STREET ADDRESS	
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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, with all other like empowered.

6.4 CITY-ST-ZIP

**FILED** 

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90054 021 \*\*\*150.00