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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **L46480**

1. Corporation Name

DEMETREE HOMES, INC.

Principal Place of Business Mailing Address								
731 VASSAR STREET		731 VASSAR STREET						
ORLANDO FL 32804		ORLANDO FL 32804			DO NOT WRITE IN THIS SPACE			
US		US				3. Date Incorporated or Qualifed		
						01/26/1990	Į.	
5 6: / 15		2- Mailing Address				4, FEI Number	Applied For	
2. Principal Place of Business		2a. Mailing Address				59-3073955	Not Applicable	
Suite Apt # etc		Suite, Apt. #, etc.				75 Additional		
Suite, Apt. #, etc.					LE Codiforte of Statue Decired	ee Required		
City & State		City & State			· · ·	6. Election Campaign Financing 55	.00 May Be	
一 ' '		City & State				Ided to Fees		
Zip Country		Zip Country			8. This corporation owes the current year Intangible			
24	25	29	30	•		Personal Property Tax.	i □No	
24 ₁	9. Name and Address of Current		1901			10. Name and Address of New Registered Agent	•	
	J. Hallo alla Flatica		1	81 N	ame			
DEM	ietree, paul a.		1	20 0		(D.O. Day Marshay in Not Agreentable)		
731 VASSAR STREET		82		82 5	treet Addi	Address (P.O. Box Number is Not Acceptable)		
ORL	ANDO FL 32804			83				
				84 C	ity	FL 85	Zip Code	
office or n	to the provisions of Sections 607.0502 registered agent, or both, in the State our familiar with, and accept the obligat	of Florida. Such change was ions of, Section 607.0505, I	s authorized Florida Statu	by the tes.	corporation	poration submits this statement for the purpose of changing on's board of directors. I hereby accept the appointment	ng its registered as registered	
0.0.0	Signature, typed or printed name of registered agent	and title it and inches			natura rocuiro	ed when reinstating) DATE		
				Agent sig	nature require	3)		
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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 13 if Chapter 607, Florida Statutes, and that my name appears in the same legal effect as if made under oath; that I am an oather than 14 and 15 and 1 officer or director of the col

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP