

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

FILED

May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P03134 (4)
1. Corporation Name
LOWDER NEW HOMES, INC.



Principal Place of Business
2000 INTERSTATE PARK DR.
SUITE 400
MONTGOMERY AL 36109

Mailing Address
2000 INTERSTATE PARK DR.
SUITE 400
MONTGOMERY AL 36109

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/23/1984

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	63-0383548	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	☐	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	☐
Zip	Zip	7. This corporation owes or has paid the current year Intangible	
24	29	Personal Property Tax due June 30.	☐ Yes ☐ No
Country	Country		
25	30		

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	COBT	1.1 TITLE	Chairman, Treasurer, Director
NAME	LOWDER, JAMES K.	1.2 NAME	
STREET ADDRESS	2000 INTERSTATE PARK DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY AL	1.4 CITY-ST-ZIP	
TITLE	VDS	2.1 TITLE	
NAME	LOWDER, THOMAS H.	2.2 NAME	
STREET ADDRESS	2101 6TH AVENUE NORTH STE 750	2.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	
NAME	FARRIOR, ALAN S	3.2 NAME	
STREET ADDRESS	2000 INTERSTATE PK	3.3 STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY AL	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	
NAME	PITTS, JOHN L	4.2 NAME	
STREET ADDRESS	2000 INTERSTATE PARK DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY AL 36109	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Senior Vice President
NAME		5.2 NAME	Keith V. Williams
STREET ADDRESS		5.3 STREET ADDRESS	2000 Interstate Park Dr.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Montgomery, AL 36109
TITLE		6.1 TITLE	Vice President
NAME		6.2 NAME	Charles S. Saliba
STREET ADDRESS		6.3 STREET ADDRESS	2000 Interstate Park Dr.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Montgomery, AL 36109

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.

SIGNATURE:

John L. Pitts

01/14/98

334-270-6625

CR2E034 (10/97)