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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9300004082 (2)

J. CHRISTOPHER HOMES, INC.

0.01111	TOTTLE TOTAL OF THE		<u>.</u>						
Principal Plac	e of Business	•	Mailing Address			( Itanian) ins inite dinit Abill gaun al	asi manit makti Makt	1 A BIB1 18114	i sint läat
31129 INDUSTI TAVARES FL 3			31129 INDUSTRY DRIVE TAVARES FL 32778-9612						
						3. Date Incorporated or Qualified	3a. Date	of Last R	eport
						01/20/1993	04/12	/1996	
	lace of Business	2a. Mailing Add	2a. Mailing Address			4. FEI Number		Ap	plied For
21		26				59-3160098			t Applicable
Suite, Apt. #, etc		<u>├</u>	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	
22		27						Fee Re	·
City & Stat	ė	City & State				6. Election Campaign Financing	r=1	\$5.00	
23	Committee	28 Zip	····	Country		Trust Fund Contribution	<u> </u>	Added t	
Zip	Country	<b>⊢</b> ¬ '	-	Country	,	8. This corporation has tiability for	rintangible tax Yes 🔲 I		199.032,
24	9 Name and Address of Curr	29 ant Registered Agent	30	<u>'l</u>		Florida Statutes  10. Name and Address of New R	-		<del></del>
9. Name and Address of Current Registered Agent				81	Name	10. Hallo alla Radiosa VI Non II	oBining NA		
	IGHMAN, J B								
31129 INDUSTRY DR TAVARES FL 32778				82	Street Ac	dress (P.O. Box Number is Not Accepta	able)		
IAV.	ANES FL 32116			83					
				<u> </u>					
				84	City		FL	<b>85</b> Zip (	Code
11. Pursuant office or r agent. La SIGNATURE	to the provisions of Sections 607.0 egistered agent, or both in the Starm familiar with, and accept the ob-	ate of Florida. Such cha ligations of, Section 601	inge was auti 7.0505, Florid	norized b la Statute	y the corpo s	orporation submits this statement for the ration's board of directors. I hereby accounts the reinstating of	purpose of chept the appoint	anging it tment as	s registered registered
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFF	CERS AND D	RECTOR	S IN 12
TITLE	0		DELETE	1.1 TITLE				Change	Addition
NAME	MOWERS, MICHAEL C			1.2 NAME					
STREET ADDRESS	30921 SUNSET DR			1.3 STREE	ADDRESS				
CITY-S1-ZIP	TAVARES FL 32778			1.4 CITY - 5	ST-ZIP				
TITLE	D		DELETE	2.1 TITLE			L	Change	Addition
NAME	BAUGHMAN, J B			22 NAME					
STREET ADORESS	30921 SUNSET DR			23 STREE	T ADDRESS				
CITY-ST-74P	TAVARES FL 32778			2. 4 CiTy-	ST-ZIP				
TITLF			DELETE	3 1 TITLE				Change	☐ Addition
NAME				32 NAME	1				
STREET AODRESS				3 3 STREE	ADDRESS				
CITY-ST-ZIP				3.4. CITY -	ST-ZIP				
TiTLE			DELETE	4.1 TITLE				Change	Addition
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREE	T ADDRESS				
CHTY-ST-ZIP				4.4 CITY -	ST-ZIP				

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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

SIGNATURE:

TITLE

NAMé

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

A PURE AND TYPED OR PRINTING NAME OF BIGNING OFFICER OR DIRECTOR

DELETE

DELETE

1-20-97 353-343-8851

Change

Addition

Addition

**FILED** 

Jan 27 1997 8:00am

Secretary of State