

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90037 034 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P97000070424
 1. Corporation Name
~~SOUTHERN STAR INVESTMENTS, INC.~~ *Golden Rule Custom Homes, Inc*



| | |
|---|--|
| Principal Place of Business 3338 CRESTVIEW ST. GULF BREEZE FL 32561 | Mailing Address PO BOX 1862 PENSACOLA FL 32509 US |
|---|--|

DO NOT WRITE IN THIS SPACE

| | | | | | | |
|---|---|---|---|--|--------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 08/14/1997 | 4. FEI Number 59-3468285 | Applied For <input type="checkbox"/> Not Applicable |
| 21 1321 Tour Drive Suite, Apt. #, etc. | 22 City & State Gulf Breeze, Florida | 26 1321 Tour Drive Suite, Apt. #, etc. | 27 City & State Gulf Breeze, Florida | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> |
| 23 Zip 32561 | 25 Country USA | 28 Zip 32561 | 30 Country USA | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| | | | |
|---|--|--|----------------------|
| 9. Name and Address of Current Registered Agent SMITH, G. THOMAS SMITH & SAUER, P.A. 510 E. ZARAGOZA ST. PENSACOLA FL 32501 | | 10. Name and Address of New Registered Agent | |
| | | 81 Name Roy Randal Joyner | 85 Zip Code 32561 |
| | | 82 Street Address (P.O. Box Number is Not Acceptable) 1321 Tour Drive | |
| | | 83 | |
| | | 84 City Gulf Breeze | |

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]* (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--------------------------------------|--|---|--|
| TITLE D | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE DPST | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME RAY, WALTER D | | 1.2 NAME Roy Randal Joyner | |
| STREET ADDRESS 3338 CRESTVIEW ST. | | 1.3 STREET ADDRESS 1321 Tour Drive | |
| CITY-ST-ZIP GULF BREEZE FL 32561 | | 1.4 CITY-ST-ZIP Gulf Breeze, FL 32561 | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED 3/31/99 (850) 932-7114
 SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)