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FILED

Feb 17 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 # **164090**

(3)

1. Corporation Name

**LAUREL HOMES, INC.**

Principal Place of Business

**150 OXFORD RD. SUITE 140  
P O BOX 300789  
FERN PARK FL 32730-7789**

Mailing Address

**150 OXFORD RD. SUITE 140  
P O BOX 300789  
FERN PARK FL 32730-7789**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/30/1951**

4. FEI Number

**59-0634185**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

9. Name and Address of Current Registered Agent

**SHUTTS, ROBERT T.  
2010 BRANDYWINE DRIVE  
WINTER PARK FL 32789**

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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**SD  
D'AMICO, MARTHA  
628 DESOTO DRIVE  
CASSELBERRY, FL 00000**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DV  
ROBINSON, JOSEPH D, IV  
150 OXFORD RD  
FERN PARK, FL 00000**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DAS  
ROBINSON, LAURA CARROLL  
2300 BARBADOS DRIVE  
WINTER PARK FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PD  
SHUTTS, ROBERT T  
2010 BRANDYWINE DR  
WINTER PARK, FL 00000**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VD  
ROBINSON, PETER G  
315 GREYTWG RD.  
VERO BEACH, FL 00000**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**V  
ROBINSON, DEELEN  
315 GREYTWG RD  
VERO BEACH FL**

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

15. 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

16. 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

*Martha D'Amico*

*2/2/98 1007-831-1211*

CR2E034 (10/97)