

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 16, 1999 8:00 am  
Secretary of State

04-16-1999 90106 034 \*\*\*150.00

DOCUMENT # 164090

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 the current year intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD ☐ DELETE  
NAME D'AMICO, MARTHA  
STREET ADDRESS 628 DESOTO DRIVE  
CITY-ST-ZIP CASSELBERRY, FL 00000

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE DV ☐ DELETE  
NAME ROBINSON, JOSEPH D, IV  
STREET ADDRESS 150 OXFORD RD  
CITY-ST-ZIP FERN PARK, FL 00000

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE DAS ☐ DELETE  
NAME ROBINSON, LAURA CARROLL  
STREET ADDRESS 2300 BARBADOS DRIVE  
CITY-ST-ZIP WINTER PARK FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE PD ☐ DELETE  
NAME SHUTTS, ROBERT T  
STREET ADDRESS 2010 BRANDYWINE DR  
CITY-ST-ZIP WINTER PARK, FL 00000

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE VD ☐ DELETE  
NAME ROBINSON, PETER G  
STREET ADDRESS 315 GREYTWIG RD.  
CITY-ST-ZIP VERO BEACH, FL 00000

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE V ☐ DELETE  
NAME ROBINSON, DEEELLEN  
STREET ADDRESS 315 GREYTWIG RD  
CITY-ST-ZIP VERO BEACH FL

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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: 4

MARTHA D'AMICO, SECRETARY  
MARTHA D'AMICO

Date

Daytime Phone #

407 821-2211