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May 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 168494 (3)

1. Corporation Name  
FLORA HOMES, INC.

Principal Place of Business

1325 W BEAVER STREET  
JACKSONVILLE FL 32209  
US

Mailing Address

PO BOX 40708  
JACKSONVILLE FL 32203-0708  
US

3. Date Incorporated or Qualified  
03/29/1952

3a. Date of Last Report  
04/28/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-0686010

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

DAWKINS, D.C., JR.  
4502 IRVINGTON AVE  
1325 W BEAVER ST PO BOX 40708  
JACKSONVILLE FL 32203

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

TITLE PTD  
NAME DAWKINS, D.C. JR.  
STREET ADDRESS 4502 IRVINGTON AVE  
CITY - ST - ZIP JACKSONVILLE, FL 00000

☐ DELETE

TITLE VPD  
NAME DAWKINS, D. CLINTON III  
STREET ADDRESS 4502 IRVINGTON AVE  
CITY - ST - ZIP JACKSONVILLE, FL 00000

☐ DELETE

TITLE SV  
NAME JOHNSTON, E. ANN  
STREET ADDRESS 4502 IRVINGTON AVE  
CITY - ST - ZIP JACKSONVILLE, FL 00000

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

1325 W. Beaver St.  
Jacksonville, FL 32209

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

1325 W. Beaver St.  
Jacksonville, FL 32209

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

Secretary  
Dawn E. Hutson  
1325 W. Beaver St.  
Jacksonville, FL 32209

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAWKINS, JR.

PRES

4/21/97

904-355-3104

Elate

Daytime Phone #

0042478

CR2E034 (9/96)