

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

DOCUMENT # 199128

1. Corporation Name
FLORIDA HOMES OF PENSACOLA INC

Principal Place of Business

50 S "E" ST
PENSACOLA FL 32501
US

Mailing Address

P. O. BOX 17123
PENSACOLA FL 32522
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/16/1957

4. FEI Number

59-0806308

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

21 335 Deer Point Dr

Suite, Apt. #, etc.

22 City & State
Gulf Breeze, FL

23 Zip Country
32501 US

2a. Mailing Address

26 P.O. Box 1433

Suite, Apt. #, etc.

27 City & State
Gulf Breeze, FL

28 Zip Country
32502 US

9. Name and Address of Current Registered Agent

BROWN, MARSHA
50 S "E" ST
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name MARSHA BROWN

82 Street Address (P.O. Box Number is Not Acceptable)
335 Deer Point Dr.

84 City Gulf Breeze FL 85 Zip Code 32502

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 P
NAME BROWN, MARSHA C.
STREET ADDRESS 335 DEER POINT DRIVE
CITY-ST-ZIP GULF BREEZE FL

TITLE COB
NAME CREEL, W T
STREET ADDRESS 7510 PONTIAC DRIVE
CITY-ST-ZIP PENSACOLA, FL 32506

TITLE S
NAME BROWN, MARSHA C.
STREET ADDRESS 335 DEER POINT DRIVE
CITY-ST-ZIP GULF BREEZE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/99 850 932 2404

CR2F034 (11/98)