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May 06 1997 8:00am

Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 416783 (9)  
1. Corporation Name  
PALM COAST HOME REALTY, INC.



Principal Place of Business Mailing Address  
EXECUTIVE OFFICE EXECUTIVE OFFICE  
1 CORPORATE DRIVE 1 CORPORATE DRIVE  
PALM COAST FL 32051 PALM COAST FL 32051

3. Date Incorporated or Qualified 01/15/1973 3a. Date of Last Report 03/07/1996  
4. FEI Number 59-1878144 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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          | VD                                  | <input type="checkbox"/> DELETE            |
| NAME           | GARDNER, JAMES E.                   |  |
| STREET ADDRESS | EXECUTIVE OFFICE, 1 CORPORATE DRIVE |  |
| CITY-ST-ZIP    | PALM COAST FL                       |  |
| TITLE          | PD                                  | <input type="checkbox"/> DELETE            |
| NAME           | BUTLER, SAMUEL JR.                  |  |
| STREET ADDRESS | EXECUTIVE OFFICE, 1 CORPORATE DRIVE |  |
| CITY-ST-ZIP    | PALM COAST FL                       |  |
| TITLE          | TD                                  | <input checked="" type="checkbox"/> DELETE |
| NAME           | ARMOUR, WILLIAM                     |  |
| STREET ADDRESS | EXECUTIVE OFFICE, 1 CORPORATE DRIVE |  |
| CITY-ST-ZIP    | PALM COAST FL                       |  |
| TITLE          | S                                   | <input type="checkbox"/> DELETE            |
| NAME           | CUFF, ROBERT G.                     |  |
| STREET ADDRESS | EXECUTIVE OFFICE, 1 CORPORATE DRIVE |  |
| CITY-ST-ZIP    | PALM COAST FL                       |  |
| TITLE          | V                                   | <input type="checkbox"/> DELETE            |
| NAME           | WHITE, WILLIAM H                    |  |
| STREET ADDRESS | EXECUTIVE OFFICE, 1 CORPORATE DRIVE |  |
| CITY-ST-ZIP    | PALM COAST FL                       |  |
| TITLE          |                                     | <input type="checkbox"/> DELETE            |
| NAME           |                                     |  |
| STREET ADDRESS |                                     |  |
| CITY-ST-ZIP    |                                     |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY-ST-ZIP    |  |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS |  |
| 2.4 CITY-ST-ZIP    |  |
| 3.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | T/D CHARLES J. CALLEA  |
| 3.3 STREET ADDRESS | 1 CORPORATE DR.  |
| 3.4 CITY-ST-ZIP    | PALM COAST, FL 32151   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-ST-ZIP    |  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY-ST-ZIP    |  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS |  |
| 6.4 CITY-ST-ZIP    |  |

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]*

5/14/97

904 1145 3647

CR2E034 (9/96)