

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
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90009 018 ***150.00

DOCUMENT # 416783

1. Corporation Name

PALM COAST HOME REALTY, INC.

Principal Place of Business

EXECUTIVE OFFICE
1 CORPORATE DRIVE
PALM COAST FL 32051

Mailing Address

EXECUTIVE OFFICE
1 CORPORATE DRIVE
PALM COAST FL 32051

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/15/1973

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 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

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

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 checked="" type="checkbox"/> DELETE
NAME	BUTLER, SAMUEL JR.	
STREET ADDRESS	EXECUTIVE OFFICE, 1 CORPORATE DRIVE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CALLEA, CHARLES J	
STREET ADDRESS	1 CORPORATE DR	
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 checked="" type="checkbox"/> DELETE
NAME	BATTEN, GEORGE J.	
STREET ADDRESS	1 CORPORATE DR	
CITY-ST-ZIP	PALM COAST FL 32151	
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 checked="" type="checkbox"/> Addition
1.2 NAME	RONALD T. LEWIS
1.3 STREET ADDRESS	1 CORPORATE DR.
1.4 CITY-ST-ZIP	PALM COAST, FL 32151
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	P/D
2.3 STREET ADDRESS	JAMES E. GARDNER
2.4 CITY-ST-ZIP	1 CORPORATE DR. PALM COAST, FL 32151
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	V/T/D
3.3 STREET ADDRESS	CHARLES J. CALLEA
3.4 CITY-ST-ZIP	1 CORPORATE DR. 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 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 REQUIRED
ROBERT G. CUFF, JR.

4/28/99

904 445 2677

Daytime Phone #

CR2E034 (11/98)