SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER JULY 28, 1993
AMOUNT DUE ON OR BEFORE 7/28/93 $225 (IF DISSOLVED, MINIMUM AMOUNT DUE [illegible] $375)

CORPORATION ANNUAL REPORT 1999

FLORIDA [illegible] STATE
Secretary [illegible]
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90067 010 ***150.00

1. Name and Mailing Address of Corporation DOCUMENT # 454669 (3)

PR0013709

TOWN & COUNTRY BUILDERS OF JACKSONVILLE, INC.
12623 SHADY CREEK DR
P. O. BOX 23215
JACKSONVILLE FL 32223

DO NOT WRITE IN THIS SPACE

Annual Report $61.25 + $138.75 Corporation Supplemental Fee + $25.00 Late Fee
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

FILING FEE 150.00

2. Mailing Address	2a. Principal Place of Business: 26 12623 SHADY CREEK DR
Suite, Apt #, etc.	Suite, Apt. #, etc. 27 P. O. BOX 23215
City & State	City & State 28 JACKSONVILLE FL
Zip / Country 25	Zip 29 32223

3. Date Incorporated: 06/13/1974
3a. Date of Last Report: 04/16/1998
4. FEI Number: 59-1551160
5. Certificate of Status Desired — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution — $5.00 May Be Added to Fees
7. Non-Profit Tax — $138.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Fla. Stat.

9. Name and Address of Current Registered Agent

OBERDORF, E. CHARLES
1719 BLANDING BLVD.
ORANGE PARK FL 32073

10. Name and Address of New Registered Agent

FL

11. Pursuant to the provisions of Sections 607.0502 and [illegible] for the purpose of changing its registered office or registered agent [illegible] hereby [illegible] registered agent [illegible]

SIGNATURE [illegible]

12. OFFICERS AND DIRECTORS

TITLE	T
NAME	AHREN, JOAN G
STREET ADDRESS	12623 SHADY CREEK DR
CITY-ST-ZIP	JACKSONVILLE, FL 00000
TITLE	P/D
NAME	AHREN, S WILLIAM
STREET ADDRESS	12623 SHADY CREEK DR
CITY-ST-ZIP	JACKSONVILLE, FL 00000
TITLE	V/D
NAME	AHREN, JOAN G
STREET ADDRESS	12623 SHADY CREEK DR
CITY-ST-ZIP	JACKSONVILLE, FL 00000
TITLE	D
NAME	OBERDORFER, E CHARLES
STREET ADDRESS	1719 BLANDING BLVD.
CITY-ST-ZIP	ORANGE PARK FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

14. I 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; I further certify 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, Block 13 if a change, or on an attachment with an address.

SIGNATURE: Joan G. Ahren JOAN G. AHREN 4-20-99 (904)268-9653