## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name 496703

(0)

SABAL HOMES OF FLORIDA, INC.

## Principal Place of Business Mailing Address P.O. BOX 951 P.O. BOX 951 3502 HOLLOW OAK PL. P.O. BOX 951 BRANDON FL 33511 BRANDON FL 33509 2. Principal Place of Business 2a. Mailing Address 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27 City & State City & State

## **FILED** Feb 03 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/16/1976 4. FEI Number Applied For Not Applicable <u>59-1715583</u> \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Country Ζip 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes Yes 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LEE, JAMES W. 3502 HOLLOW OAK PL Street Address (P.O. Box Number is Not Acceptable) BRANDON FL 33511 83 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutés, 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE PD 1.1 TITLE Change LEE, JAMES W NAME 1.2 NAME 3502 HOLLOW OAK PL STREET ADDRESS 1,3 STREET ADDRESS **BRANDON FL** CITY - ST - ZIP 1.4 City-St-Zip DELETE Change Addition TITLE 21 TITLE LEE, WILLIAM D NAME 2.2 NAME STREET ADDRESS 8909 MAGNOLIA CHASE CIRCLE 2.3 STREET ADDRESS TAMPA FL CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE NAME LEE, THOMAS A. 3.2 NAME 1004 CHERWOOD LANE STREET ADDRESS 3.3 STREET ADDRESS **BRANDON FL** CITY - ST - ZIP 3.4. CITY - ST - ZIP DELETE 4.1 TITLE Change □ Addition TITLE ST LEE, ANNA M. 4. 2 NAME NAME 3502 HOLLOW OAK PLA STREET ADDRESS 4.3 STREET ADDRESS **BRANDON FL** 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I hereby certify that the information supplied with this filling 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 supplied habitual 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 control of the cont

SIGNATURE:

REQUIRED

1/20/98

(213)689-2548