

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
Feb 05, 1999 8:00am
Secretary of State

02-05-1999 90016 035 *****150.00

DOCUMENT # **609240**

1. Corporation Name
CHRISTENSEN HOME BUILDERS, INC.

Principal Place of Business

**327 COMMERCIAL WAY
SUITE D119
SPRING HILL FL 34606
US**

Mailing Address

**5327 COMMERCIAL WAY
SUITE D 119
SPRING HILL FL 34606
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

Zip Country

29

30

3. Date Incorporated or Qualified

02/08/1979

4. FEI Number

59-1910550

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

9. Name and Address of Current Registered Agent

**CHRISTENSEN, PREBEN B
5327 COMMERCIAL WAY
SUITE D119
SPRING HILL FL 34606**

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

I, 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

2. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **ST CHRISTENSEN, LYNDIA N**
STREET ADDRESS **9310 FRENCH QUARTERS CIRCLE**
CITY-ST-ZIP **BROOKSVILLE FL**

TITLE ☐ DELETE
NAME **P CHRISTENSEN, PREBEN B**
STREET ADDRESS **9310 FRENCH QUARTERS CIRCLE**
CITY-ST-ZIP **BROOKSVILLE FL**

TITLE ☐ DELETE
NAME **CHRISTENSEN, PREBEN B**
STREET ADDRESS **9310 FRENCH QUARTERS CIRCLE**
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STREET ADDRESS **9310 FRENCH QUARTERS CIRCLE**
CITY-ST-ZIP **BROOKSVILLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

4. 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: **Lyndia N. Christensen**
1-13-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-596-3464

CR2E034 (11/98)