## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1001			
DOCUMENT 1. Corporation Name	#	644967	

HOMES	MENT # 64496 AND LAND OF LAKE COL	· -				
P.O. BOX 188		P.O. BOX 1891				
TAVARES FL		TAVARES FL 32778-16	191			
<u> </u>					3. Date Incorporated or Qualified	3a. Date of Last Report
					11/13/1979	05/01/1996
	Pace of Business	28. Mailing Address			4. FEI Number	Applied For
Suite, Apt	# olu	Suite, Apt. #, etc.		<del></del>	59-1949164	Not Applicable
22	. #, QC.	27 Suite, Apr. #, etc.		,	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	te	City & State	************	····	6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Z)p	Country	Zip	Countr	У	8. This corporation has liability for	intangible tax under s. 199.032,
24	25	29	30			Yes No
5 th di	9. Name and Address of Curre	ent registered Agent	8	II Name	10. Name and Address of New R	egistered Agent
	RRELL, ROBERT					
	io Park dr. /ares fl 32778		82	Street Add	ress (P.O. Box Number is Not Accepta	ble)
IMV	IANES FL 32/16		83	<del></del>		
ļ			1	1 64	<u> </u>	
			84	1 7		FL 85 Zip Code
11. Pursuant office or agent 1 a	to the provisions of Sections 607.05 registered agent, or both, in the Stal am familiar with, and accept the obli	502 and 607.1508, Florida Si te of Florida Such change w igations of, Section 607.0505	atutes, the above as authorized to b. Florida Statute	ve-named cor by the corpora es.	poration submits this statement for the tition's board of directors. I hereby acce	purpose of changing its registered pt the appointment as registered
SIGNATURE.	Signature: Typho or printed harne of registered a	igent and little if applicable	(NOTE: Registered A	gent signature requ	lred when reinstating)	DATE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
THILF	PV	☐ DELETE	1.1 TIFLE			Change Addition
NAME	MURRELL, ROBERT E.		1.2 NAME			Ja
STREET ADDRESS	1050 PARK DR.		1.3 STREE	T ADDRESS		
CHY-ST-7/P	TAVARES FL	DELETE	1.4 City -	<del></del>		
11TLE	ST POPOGNI TEDEGA I	L., DELETE	2.1 TITLE	}		Change Addition C
NAME STREET ADDRESS	PRIDGEN, TERESA L 506 PINEHILL		2.2 NAME	ET ADDRESS		
CHY+S1+7IP	EUSTIS FL		2.4 City	ł		}
TILLE	VP	DELETE	3.1 TITLE			Change Addition
NAME	MURRELL, ANTHONY F.		3.2 NAME	- (		
STHEET ADDRESS	1050 PARK DRIVE		3.3 STREE	ET ADDRESS		ĺ
CITY - \$1 - ZIF	TAVARIES FL		3.4 CiTY	- ST - ZIP		
THE		DELETE	4.1 TITLE			Change Addition
MAME	}		4.2 NAM	€ ∤		
STREET ADORESS			4.3 STREE	ET ADDRESS		
CHY-ST-ZiP		DESTE	4.4 CITY -			Channa Ladre-
THE	}	☐ DELETE	- I	ì		Change Addition
NAME DIRECT ASSESSED			5.2 NAME			
STREET ADDRESS				ET ADDRESS		
TITLE		DELETE	5.4 CITY- 6.1 TITLE	<del></del>		Change Addition
NAME		2.00	6.2 NAME			
STREET ADDRESS			•	ET ADDRESS		
CITY-ST ZIP	}		64 CITY			ł

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: V

**FILED** 

May 09 1997 8:00am

Secretary of State