FILE	NOW: FILING FEE AF	TER MAY 1ST IS	\$550.00	FII	LED
COR	PROFIT PORATION	FLORIDA DEPARTA Sandra B. I	Mortham	_	998 8:00an
	JAL REPORT 1998	Secretary of DIVISION OF COI		Secretai	ry of State
DOCUI 1. Corporation	MENT # 690860	(2)			
TROTTI	ER HOMES, INC.	Mailing Address			
2139 S TAMIAMI TRL VENICE FL 34293 US 2139 S TAMIAMI TRL VENICE FL 34293 US US				DO NOT WRITE I	N THIS SPACE
				3. Date Incorporated or Qualified 06/18/1981	
	ace of Business	2a. Mailing Address	—	4. FEI Number	Applied For
21 2041	S. TAMIAMI TRAK	A	AMI TRAIL	59-2942966	Not Applicable
Suite, Apt.	.,	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	LORIDA	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Zip 3 42	Country 25	Zip 34293 30	Country	This corporation owes or has paid Personal Property Tax due June 3	the current year Intangible
	9. Name and Address of Current I	Registered Agent		10. Name and Address of New Reg	Istered Agent
EVERING, HENRY W. 81 Name					
				ress (P.O. Box Number is Not Acceptable	e)
PA	L M HARBOR FL 84 683 - しゃん	ice, 41 34293	83		
			84 City		FL 85 Zip Code
11. Pursuant office or reagent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was aut oos of, Section 607,0505, Florid	horized by the corporal da Statutes.	poration submits this statement for the pution's board of directors. I hereby accept	rpose of changing its registered the appointment as registered
	Scodiure, typed of inted name of registered agent of OFFICERS AND I		Registered Agent signature requi	ired when reinstaling) ADDITIONS/CHANGES TO OFFICE	DATE
12.	P	DELETE	1.1 TITLE	ADDITIONS/GITAINGES TO GITTION	Change Addition
NAME	EVERING, HENRY W.	· · · · · · · · · · · · · · · · · · ·	1.2 NAME		
STREET ADDRESS	1031 FOREST GROVE BLVD 2	DUI S TAMILAMI IR	1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL DEILLC	e F1 34293	1.4 CITY - ST - ZIP		Change Addition
TITLE	VSI	☐ DELETE	2.1 TITLE 2.2 NAME		Change Addition
NAME STREET ADDRESS	EVERING, CHRISTINE L. 1 091-FOREST GROVE BLYD	OUIS. Tanuarum	23 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL UE	uce, fl 34293	2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE NAME		C) pereit	4.1 TITLE 4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		

14. Thereby 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:

**Total Control of the corporation of the receiver of 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:

**Total Control of the corporation of the corpor

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP Change Addition

6.1 TITLE

6.2 NAME

DELETE

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS