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Mar 24, 1999 8:00 am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 738237

1. Corporation Name

G - I - S HOUSING, INC.

Principal Place of Business

FREEDOM VILLAGE I
7700 66TH ST. NORTH
PINELLAS PARK FL 34665
US

Mailing Address

C/O R. LEE WAITS
P.O. BOX 14456
ST. PETERSBURG FL 33733-4456
US



| | | | | | |
|--------------------------------|--|---------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 03/02/1977 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 59-1747348 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 | | 28 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip | | Zip | | Country | |
| 24 | | 29 | | 30 | |

9. Name and Address of Current Registered Agent

WAITS, R. LEE
10596 GANDY BLVD. NORTH
ST. PETERSBURG FL 33733 33702

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE R. Lee Waits, President & CEO

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/12/99

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|--|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DONAHU, BARBARA A | 1.2 NAME | |
| STREET ADDRESS | 762 LIVE OAK TERR NE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST PETERSBURG FL 33703 | 1.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MILLS, BLAIR G | 2.2 NAME | |
| STREET ADDRESS | 100 5TH AVE S | 2.3 STREET ADDRESS | 2455 Lake Point Lane |
| CITY-ST-ZIP | ST PETERSBURG FL 33701 | 2.4 CITY-ST-ZIP | Clearwater, FL 33762 |
| TITLE | STD <input type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DEL BELLO, DALE | 3.2 NAME | D |
| STREET ADDRESS | 3600 66TH ST N | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33710 | 3.4 CITY-ST-ZIP | |
| TITLE | EVP <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | R. LEE WAITS | 4.2 NAME | |
| STREET ADDRESS | 10596 GANDY BLVD. | 4.3 STREET ADDRESS | 33702 |
| CITY-ST-ZIP | ST. PETERSBURG FL | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 5.2 NAME | STD |
| STREET ADDRESS | | 5.3 STREET ADDRESS | Elizabeth Price |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | 4880 Locust St. NE #327 |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | St. Petersburg, FL 33703 |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. 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 617, 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: R. Lee Waits, President & CEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/99

Date

(727) 523-1512

Daytime Phone #

CR2E037 (1/98)