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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 769898 CARPENTER'S HOME ESTATES, INC. (8)

FILED Apr 24 1996 8:00 am Secretary of State

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	I MILL 19110 16101	läft Blätt austrand.	l åfåll åfåll bjall laa

rincipal Place of 1		Mailing Address P.O. BOX 95020 PO BOX 95020) 1891/1 196/2 dille Midr Jaile leith iftr minn merr menr åram enem men.				
PO BOX 95020 LAKELAND FL 33809 US		LAKELAND FL 33809 US		3. Date Incorporated or Qualified 08/17/1983		of Last R 2/27/19			
		2a. Mailing Address				4 FEI Number			oplied For
. Principal Place	of Business	26. Mailing Address				59-2347336			ot Applicable
		Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
Suite, Apt. #, 6	RC.	27							May Be
City & State		City & State				Election Campaign Financing Trust Fund Contribution	Z.		to Fees
]		28	Cour	nto.		A. This corporation has liability for it	ntangible tax	under s.	199.032,
Ziρ	Country	Zip	30	anti y		Elorida Statutes L	_l Yes Loo⊓	NO	
	9. Name and Address of Curren	29 t Registered Agent	1001	·		10. Name and Address of New R	egistered A	gent	
	9. Name and Address of Corre			81	Name				
PEREZ, JO	NGEDH A			82	Street Addr	ess (P.O. Box Number is Not Acceptab	ile)		
777 CADO	ENTER'S WAY								
I AKELANI) FL 33809		Ì	83					
_				84	City		FL.	1 1	Code
				┸		ration submits this statement for the pu and of directors. I hereby accept the app	rpose of cha	nging its r	egistered offi
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FIOFIS AIN	Change	Addition
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I do hereby certify that the information supplied wirt this lilling is vountianly information that my signature shall have the same legal effect as if made under 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 certify 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 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 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 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 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 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 oath, the corporation of the receiver of the receive

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

941-859-1477x320 4-17-96 Daytime Phone #

7058507