

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

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 815098 (9)

1. Corporation Name
ATLAS HOMES, INC.

Principal Place of Business

C/O DORIS L INMAN
PO BOX 16816
JACKSONVILLE FL 32245-6816

Mailing Address

C/O DORIS L INMAN
PO BOX 16816
JACKSONVILLE FL 32245-6816

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/02/1961

4. FEI Number

62-0712432

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 204 University South

Suite, Apt. #, etc.
22 Jax., Fla. 32245-6816

City & State

23

Zip

24

Country

25 DUAL

2a. Mailing Address

26 P.O. Box 16816

Suite, Apt. #, etc.
27 Jax., Fl. 32245-6816

City & State

28

Zip

29

Country

30 DUAL

9. Name and Address of Current Registered Agent

INMAN, DORIS L
2047 UNIVERSITY BOULEVARD SOUTH
JACKSONVILLE FL 32216

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 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

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME INMAN, DORIS L
STREET ADDRESS 2047 UNIVERSITY BLVD, S
CITY-ST-ZIP JACKSONVILLE FL

TITLE V ☐ DELETE

NAME DETULLIS, MAY JEAN
STREET ADDRESS 5345 SANDERS ROAD
CITY-ST-ZIP JACKSONVILLE FL

TITLE S ☐ DELETE

NAME DUNCAN, THOMAS R.
STREET ADDRESS 4523 QUINCE
CITY-ST-ZIP MPHS TN

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

904-720-5439

CP2E034 (10/97)