

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 852951 (3)

1. Corporation Name

~~TARGET HOMES, INC.~~

COPPENBARGER HOMES, INC.

Principal Place of Business

8713 PHILLIPS HWY.
JACKSONVILLE FL 32256

Mailing Address

8713 PHILLIPS HWY.
JACKSONVILLE FL 32256

FILED

98 JUN 10 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/24/1982

4. FEI Number

73-1007340

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 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

COPPENBARGER, RONNIE D
8713 PHILLIPS HWY
JACKSONVILLE FL 32256

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 SD
NAME COPPENBARGER, TONJA L.
STREET ADDRESS 8713 PHILLIPS HWY.
CITY-ST-ZIP JACKSONVILLE FL 32256 ☒ DELETE

TITLE TD
NAME COPPENBARGER, IMOGENE L.
STREET ADDRESS 4272 QUEENSWAY DR.
CITY-ST-ZIP JACKSONVILLE FL 32223 ☐ DELETE

TITLE PD
NAME COPPENBARGER, RONNIE D.
STREET ADDRESS 8713 PHILLIPS HWY.
CITY-ST-ZIP JACKSONVILLE FL 32256 ☐ DELETE

TITLE ~~PD~~
NAME ~~COPPENBARGER, RONNIE D.~~
STREET ADDRESS ~~8713 PHILLIPS HWY.~~
CITY-ST-ZIP ~~JACKSONVILLE FL 32256~~ ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME 700002557717--5
1.3 STREET ADDRESS -06/12/98--01003--003
1.4 CITY-ST-ZIP ***150.00 ***150.00

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE V D ☐ Change ☒ Addition
4.2 NAME JACKSON, WOLFE
4.3 STREET ADDRESS 2315 COSTA VERDE #302
4.4 CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

5.1 TITLE VSD ☐ Change ☒ Addition
5.2 NAME STEPHENS, LOA-LON
5.3 STREET ADDRESS 9630 HISTORIC OLD KINGS ROAD S.
5.4 CITY-ST-ZIP JACKSONVILLE, FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)

JUN 10 1998