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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F07459

(3)

FIRST CLASS HOMES, INC.

Principal Place of Business

Mailing Address

FILED May 13 1997 8:00am Secretary of State



5108 SCHOOL (NEW PORT RIC		S106 SCHOOL ON KD/ NEW PORT RICHEY FL 34653-4757								
						3. Date Incorporated or Qualified 12/02/1980		te of Last)1/1996	, 	
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number			Applied For	
21 <i>ろ/し</i> と	s school kur	26	·			59-2425757			lot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired	×	\$8.75 Additional Fee Required		
City & State	,	City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees	
7ip Country Zip 24 25 29 3				itry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
·	9. Name and Address of Curre	ent Registered Agent		1		10. Name and Address of New Re	gistered /	Agent		
NOB	le, ernest l., II		-	B1	Name					
5108 SCHOOL RD. NEW PORT RICHEY FL 34853					Street Address (P.O. Box Number is Not Acceptable)					
			ſ	ВЭ						
			}	B4	City		FL	85 Zir	Code	
agent Lar SIGNATURE	egistered agent, or both, in the Stat in familiar with, and accept the obli Signature, tyred or protect name of registered a	gations of, Section 607.0505, I	Florida Statu	ites		tion's board of directors. I hereby acception in the second in the secon	DATE	ointment a	s registered	
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTO	RS IN 12	
TITLE	PDS	[] DELETE	1.1 TITL	.E				Change		
NAME]	Noble, ernest l II		1.2 NA	ME	1					
STREET ADDRESS	5108 SCHOOL RD.		1.3 STF	REET .	ADDRESS					
City-St-ZIP	NEW PORT RICHEY FL 3465	3	1.4 CIT	Y-5	T-ZIP					
TITLE	7	DELETE	2.1 TITI	E			***************************************	Change	Addition	
NAME	Noble, Maria L		2.2 NA)	ME						
STREET ADDRESS	5108 SCHOOL RD.		2.3 STF	IEET.	ADDRESS					
CITY ST-ZIP	NEW PORT RICHEY FL 3465		2, 4 (31	Y-\$	7-ZIP					
TitleF		DELETE	3.1 TITI	LE				Change	Addition	
NAME			3.2 NA	ME						
STREET ADDRESS			3.3 STF	ŒĘT.	ADDRESS					
CITY-S1-ZP			3.4. CIT	Y-S	T-21P					
TiTLE		☐ DELETE	4.1 187	LE				Change	Addition	
NAME			4. 2 NA	ME	j					
STREET ADDRESS			4.3 STF	REET	ADDRESS			4,		
C TY-ST-ZIF			4.4 CIT		T-ZIP					
TITLE		DELETE	5.1 TiT	LE				Change	Addition	
NAME			5.2 NAJ	MÉ		70000218 -05/23/97010	<u> </u>	ンプ		
STREET ADDRESS			5.3 STF	REET	ADDRESS	-05/23/97010	310	J9		
CITY - ST - ZIP			5.4 CIT	Y-\$	T - ZiP	***173.75				
Tile		☐ DELETE	6.1 197	LE				Change	Addition	
NAME			6.2 NA	ME					19	
STREET ACIDRESS			6.3 STF	REET	ADDRESS				09 5/13/97	
CITY-ST-ZiP			6.4 CIT	Y-S	T-ZIP				11.2117	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 attachage or on attachage or on an attachage or on an attachage or on an attachage or on a attachage or on an attachage or on a a

SIGNATURE