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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90036 025 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F30772 1. Corporation Name

FIRESIDE HOMES, INC.

Principal Place of Business Mailing Address							OBIN LEDIY IDBID 1191 919	IN BABAL DIGIL BIGI	A REGEL DIGIT 1001
541 EAST HWY 434 541 EAST HWY 434								•	,
LONGWOOD FL 32750 LONGWOOD FL 32750							i da Notabelte in ti		
							NOT WRITE IN TH	IIS SPACE	
						3. Date Incorporated of 04/07/1981	or Qualifeu		
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		·	pplied For
21	Acce of Business	26				59-2082157			lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.							Additional
22 27						5. Certifcate of Status	Desired L		Required
City & State City & State						6. Election Campaign	Financing	\$5.00	May Be
23		28				Trust Fund Contribu	ution		to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation ow	es the current year	Intangible	4
24	25	29	30			Personal Property 1		☐ Yes	No
	9. Name and Address of Curi	ent Registered Agent				10. Name and Addres	s of New Registere	ed Agent	
DINIC		2		81 1	Name				
PINDER, JOHN H., V				82 5	Street Addre	Address (P.O. Box Number is Not Acceptable)			·
	TER PARK FL 32789					*****	<u> </u>		4 4 5
****	TEN FANN FL 32709			83					
				84 (City	=			Code
** **** * *	· / ·						<u> </u>	L	
11. Pursuant	to the provisions of Sections 607.0 registered agent, or both, in the Sta	502 and 607.1508, Florida Statute te of Florida. Such change was a	es, the at	bove-n	named corpo	ration submits this statem i's board of directors. I he	ent for the purpose ereby accept the apr	of changing it sointment as r	s registered eaistered
agent. I a	am familiar with, and accept the obli	gations of, Section 607.0505, Flor	ida Statu	ites.	о объронало.				
SIGNATURE									
SIGNATURE						•			
	Signature, typed or printed name of registered a			Agent sig	gnature required	when reinstating)	DATE	AND DIRECT	ODS IN 12
12.	OFFICERS.	AND DIRECTORS	13.		gnature required	when reinstating) ADDITIONS/CHANG			
12. MLE	OFFICERS .		13.	LE	gnature required			AND DIRECT	
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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 amual 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 chapter, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

407-834-4117