

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED
AND
FILED

172

0007959

98 JUL -6 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F67839** (3)
1. Corporation Name **SOUTHERN TRADITION HOMES, INC.**

Principal Place of Business 9036 WINGED FOOT DR TALLAHASSEE FL 32312 US	Mailing Address 9036 WINGED FOOT DR TALLAHASSEE FL 32312 US
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3. Date Incorporated or Qualified
02/18/1982

4. FEI Number 59-2159330	Applied For <input type="checkbox"/> Not Applicable
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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. 2138 Amanda Mac Ct Suite, Apt. #, etc. 22. Tallahassee, FL City & State 23. 32312 Zip U.S.A. Country	2a. Mailing Address 26. 2138 Amanda Mac Ct Suite, Apt. #, etc. 27. Tallahassee, FL City & State 28. 32312 Zip U.S.A. Country
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YOUNG, DONALD W.
3006 GOLDEN EAGLE DR
TALLAHASSEE FL 32312

81. Name Donald W. Young
82. Street Address (P.O. Box Number is Not Acceptable) 2138 Amanda Mac Ct
83.
84. City Tallahassee, F
85. Zip Code 32312

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 **Donald W. Young**
Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P	<input type="checkbox"/> DELETE
NAME YOUNG, DONALD W.	
STREET ADDRESS 3006 GOLDEN EAGLE DR E	
CITY-STATE-ZIP TALLAHASSEE FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME 2138 Amanda Mac Ct
1.3 STREET ADDRESS Tallahassee, Florida 32312
1.4 CITY-STATE-ZIP
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
3.1 TITLE 500002582745
3.2 NAME -07/08/98--01042--009
3.3 STREET ADDRESS ****150.00 ****150.00
3.4 CITY-STATE-ZIP
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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: **Donald W. Young** 7/6/98 993-4719

CR2E034 (5/98)

2012

7/6/98

To Whom it may concern,

Due to incorrect mailing address I never received
initial Bill -

Thank You

D. W. Young, Pres
So. Transition Home, Inc