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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F73519

(3)

SKIP SMELKO CUSTOM HOMES, INC.

FILED
May 14 1997 8:00am
Secretary of State

Principal Plan	e of Business		Mailii	no Address	,			MEDLI MEMET ALBIT BIRDI AL	ALL BIEST SAAL
Principal Place of Business 2028 CYNTHIA DRIVE P.O. BOX 3357			2028	Mailing Address 2028 CYNTHIA DRIVE P.O. BOX 3357					
TALLAHASSEE FL 32315-7346				TALLAHASSEE FL 32315-3357			3. Date Incorporated or Qualified 03/24/1982	3a. Date of Last 04/29/1996	•
2. Principal P	Place of Business		2a. N	lailing Address			4. FEI Number		Applied For
11			26				59-2194059	[Not Applicable
Suite, Apt	#, etc		 	uite, Apt. #, etc.			5. Certificate of Status Desired		Additional Required
City & State	е		27	ity & State			Election Campaign Financing		O May Be
23			28	,			Trust Fund Contribution		d to Fees
Zip		Country		iti	Cour	try	8. This corporation has liability for in		······································
24	25		29		30		Florida Statutes	Yes No	
	9. Name and	Address of Cur	rent Register	red Agent			10. Name and Address of New Reg	istered Agent	
	elko, albert					Name			
2028 CYNTHIA DRIVE TALLAHASSEE FL 32303				82 Street Add		dress (P.O. Box Number is Not Acceptable)			
., -					Į.	33			
);	14 City		FL 65 Zij	p Code
11. Pursuant	to the provisions	of Sections 607 (0502 and 607	.1508. Florida Sta	tutes, the ab	ove-named con	poration submits this statement for the pr	urnose of changing	its registerer
office or r	registered agent	or both, in the St	tate of Florida	Such change was Section 607 0505	is authorized Florida Stati	by the corpora	ation's board of directors. I hereby accep	t the appointment a	as registered
SIGNATURI	Albert Sr	To \	111 (*	(I)	i ionoa opate		_	12-97	
SIGNATURI	Standard typed or pr	ntird name of registered	agent and title if a	ipplicable. (1	OTE: Registered	Agent signature requ	ired when reinstating)	DATE	
12.	State of the typed or the	rhid name of registered	agent and tille if a AND DIRECT	pplicable. (F ORS	OTE: Registered	Agent signature requ		DATE ERS AND DIRECTO	
	Sign care, typed or p	oted name of registoric OFFICERS	l agent and titl∈ if a	pplicable. (F			ired when reinstating)	DATE	
12.	PD SMELKO, A	etint name of registaric OFFICERS LBERT, JR.	l agent and titl∈ if a	pplicable. (F ORS	13.	E	ired when reinstating)	DATE ERS AND DIRECTO	
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SIGNATURE: 11 Section 1 Signature and typed on printed name of signing officer on director 1. Date

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