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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F80707

(5)

FILED May 04 1998 8:00am Secretary of State

INEVE	ITT HOMES, INC.							
Principal Pla	ce of Business	Mailing Address						II (1 1 1 1 1 1 1 1 1 1 1 1 1 1
1325 ATLAN FERNANDINA	tic avenue A Beach FL 32034	P.O. BOX 1200 FERNANDINA BEACH FL	L 32035		DO NOT WRI	TE IN THIS	SPACE	
					3. Date Incorporated or Qualified		OI NOL	
A D. (2)					05/10/1982			
	Place of Business	2a. Mailing Address			4. FEI Number 59-2190715			plied For
21 Suite, Apt	. #, etc.	Suite, Apt. #, etc.					\$8.75	ot Applicable
22		27			5. Certificate of Status Desired		Fee Re	
City & Sta	te	City & State		,-,	6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution		Added	
Zip	Country	Zip	Country		8. This corporation owes or has			_ ~
24	25 Name and Address of Curren	29 29 Agent	30		Personal Property Tax due Ju 10. Name and Address of New I			<u> </u>
11	EVETT, HARRY R.	giorei co rigorii	81	Name	10, ramo and Address of Hew I	Aiereren	Aout	
	44 SUMMIT RIDGE LN			<u> </u>	(0.0 D. N			-,
JA	CKSONVILLE FL 32056		82 8	Street Adar	ress (P.O. Box Number is Not Accept	(able)		
			83			·····		
			84 (City			85 Zip (Code
				Oity		FL	_ 65 Zip i	Code
11. Pursuam	to the provisions of Sections 607 0502 registered agent, or both, in the State	z alid 607. 1508, Florida Statu	ites, the above-r	nameo corp	poration submits this statement for the	e purpose c	or changing ii	s registered
agent. I	am familiar with, and accept the obliga	of Florida. Such change was ations of, Section 607.0505, F	authorized by the Torida Statutes.	ne corporat	tion's board of directors. I hereby acc	ept the ap	pointment as	regisiered
office or agent. I SIGNATURE	am familiar with, and accept the obligation of registered aper	ations of, Section 607.0505, F	authorized by the lorida Statutes. Off: Registered Agent :			DATE	pointinent as	
agent. I	am familiar with, and accept the obligation of registered aper OFFICERS AND	ations of, Section 607.0505, F or and title if applicable (NO DIRECTORS	lorida Statutes.			DATE	D DIRECTOR	RS <u>IN</u> 12
agent. I SIGNATURE 12. TITLE	am familiar with, and accept the obligation of registered aper OFFICERS AND	ations of, Section 607.0505, F	Ilorida Statutes. Registered Agent : 13. 1.1 Title		red when reinstating)	DATE		RS IN 12
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4. Thereby 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 be the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustice entowared 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 attachnicity with an address.

OLONIATURE

4/24/98