2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000002070

1. Entity Name

GENERAL HOUSING CORPORATION

Principal Place of Business	Mailing Address
8184 NAVARRE PKWY NAVARRE FL 32566 US	PO BOX 38687 GERMANTOWN TN 38183-0687

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State	City & State	

Zip	Country	Zip	Country

4. FEI Number **62-0799854** — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MURRAY, W. STEVE 8184 NAVARDE PKWY NAVARRE FL 32566	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

W. STEVE MURRAY

SIGNATURE _W. Steve Murray_   _W Steve Murray_   4-28-00
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS / 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

	OFFICERS AND DIRECTORS			ADDITIONS/CHANGES	
TITLE	P	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	MURRAY, W. STEVE		NAME		
STREET ADDRESS	3245 SOUTH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS TN 38125		CITY-ST-ZIP		
TITLE	VCVS	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	MURRAY, DOROTHY S		NAME		
STREET ADDRESS	3245 SOUTH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS TN 38125		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/99)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _W Steve Murray_ W. STEVE MURRAY 4-28-00 901-748-2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT   Date   Daytime Phone #