

FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

FILED

Apr 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moynihan Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000003932 (8)

1. Corporation Name  
CMHC OF HUDSON, INC.

Principal Place of Business  
301 WHEELER EXECUTIVE CENTER  
AUGUSTA GA 30909

Mailing Address  
301 WHEELER EXECUTIVE CENTER  
AUGUSTA GA 30909



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 945 Broad Street Suite, Apt. #, etc. 22 Suite 220 City & State 23 Augusta, GA 30901 Zip Country 24		2a. Mailing Address 26 945 Broad Street Suite, Apt. #, etc. 27 Suite 220 City & State 28 Augusta, GA 30901 Zip Country 29		3. Date Incorporated or Qualified 08/01/1996		4. FEI Number 63-1175534 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

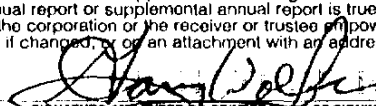
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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11. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PCD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCD CLARK, HARRY			1.2 NAME	Wolfe, Gary		
STREET ADDRESS	108 PLANTATION POINTE SHOPPING CENTER			1.3 STREET ADDRESS	6025 Oakwood Lane		
CITY-ST-ZIP	FAIRHOPE AL			1.4 CITY-ST-ZIP	Fairhope, AL 36532		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CLARK, DEBORAH J			2.2 NAME	Kittrell, David		
STREET ADDRESS	108 PLANTATION POINTE SHOPPING CENTER			2.3 STREET ADDRESS	24 Ashley Drive		
CITY-ST-ZIP	FAIRHOPE AL			2.4 CITY-ST-ZIP	Mobile, AL 36608		
TITLE	STD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NELSON, WALLACE D			3.2 NAME			
STREET ADDRESS	20386 HIGHWAY 13			3.3 STREET ADDRESS			
CITY-ST-ZIP	FAIRHOPE AL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOLFE, GARY			4.2 NAME			
STREET ADDRESS	151 SOUTH BAYVIEW			4.3 STREET ADDRESS			
CITY-ST-ZIP	FAIRHOPE AL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-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 by or an attachment with an address.

SIGNATURE:  4/7/98 334/928-9914

CR2E034 (10/97)