

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90010 008 ***150.00

DOCUMENT # G34907

1. Corporation Name

LAKE VALLEY HOMES, INC.

Principal Place of Business

P.O. BOX 1883
PALM CITY FL 34990

Mailing Address

P.O. BOX 1883
PALM CITY FL 34990

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/19/1983

4. FEI Number

59-2338835

Applied For

Not Applicable

2. Principal Place of Business

21 INDIAN TRAIL, 250

Suite, Apt. #, etc.

22

City & State

23 ANDERSON, S.C.

Zip Country

24 29625 25

2a. Mailing Address

26 250 INDIAN TRAIL

Suite, Apt. #, etc.

27

City & State

28 ANDERSON, S.C.

Zip Country

29 29625 30

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THORSON, LARS
2842 S. W. RIDGEWOOD PLACE
PALM CITY FL 34990

10. Name and Address of New Registered Agent

81 Name PATRICK H. WEIDENBENNER

82 Street Address (P.O. Box Number is Not Acceptable)
7037 HERITAGE RIDGE ROAD

83

84 City TALLAHASSEE FL 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 *Patrick H. Weidenbenner*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-20-99

12. OFFICERS AND DIRECTORS

TITLE PD
NAME LARSSON, SIGVARD
STREET ADDRESS % AB SJODALSHUS S-540 16
CITY-ST-ZIP TIMMERSDALA, SWEDEN

TITLE S
NAME THORSON, LARS
STREET ADDRESS 2842 S. W. RIDGEWOOD PLACE
CITY-ST-ZIP PALM CITY FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S
1.2 NAME THORSON, LARS
1.3 STREET ADDRESS 250 INDIAN TRAIL
1.4 CITY-ST-ZIP ANDERSON, S.C. 29625

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

LARS THORSON (LARS THORSON) 3-10-99 (864) 287-1178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)