1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H05972

1. Corporation Name

FLORIDA RESIDENTIAL, INC.

						- 1 1901011 0111 00101 01110 18111 100	3 1181 81811 811	Yıl Bibli Bi		4 81811 1884
Principal Place	e of Business	- Mailing Address	-			· -		-	-	
3504 2ND AVE. W. BRADENTON FL 34205		3504 2ND AVE. W. Bradenton Fl. 34205				DO NOT WRIT	E IN THIS :	SPACE		
						3. Date Incorporated or Qualifed 06/01/1984	_			
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number			Appli	ed For
21	•	26	26			59-2420780 Not				Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired				ditional
22		27			.,	5. Certificate of Status Desired		Fee	Requ	ired
City & Stat	e	City & State				6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution		Add	led to	Fees
Zip	Country	Zip	Coun	try		8. This corporation owes the curre	int year Inta		-	n4.
24	25	11	30			Personal Property Tax.		Yes		Q No
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of New R	egisterea A	tgent		
DAD	ED DONALD E		1	ا''	Name					
Baber, ronald e. 3504 - 2nd ave. West			Ī	82	Street Addre	ess (P.O. Box Number is Not Accepta	ble)	-		
	DENTON FL 34205		83							
DRA	DENTON FL 34203		l'	83						ļ
			ŀ	84	City		FL	85 2	Zip Co	de
		00 and 607 1509 Florido Statute	- the ab	1	named corps	pration submits this statement for the		changing	ı its re	nistered
office or r agent. I a	egistered agent, or both, in the State of familiar with, and accept the oblig	e of Florida. Such change was at	uthorized	by t	the corporation	n's board of directors. I hereby accep	t the appoin	tment a	s regi:	stered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if apolicable. (NOTE:	Registered A	aent	t signature required	when reinstating)	DATE			
12.		ND DIRECTORS	13.	_		ADDITIONS/CHANGES TO OF	ICERS AN	D DIRE	CTOR	S IN 12
TITLE	PT	☐ DELETE	1.1 TITL	E				Char	nge	☐ Addition
NAME	BABER, RONALD E.		1.2 NAN	Æ						ľ
STREET ADDRESS	s3504.2ND.AVE.W.	and the same was a series of the contract	1,3 STR		ADDRESS ======					
CITY-ST-ZIP	BRADENTON FL		14 CIT		r-ZIP	·		<u> </u>	. •	
TITLE	VS	☐ DELETE	2.1 TITL	E				☐ Char	nge	Addition
NAME :	BABER, MARY T.		2.2 NAN	Æ		•				
STREET ADDRESS	3504 2ND AVE W.		2.3 STR	ŒET.	ADDRESS					
CITY-ST-ZIP	BRADENTON FL		2. 4 CIT	Y-S1	T-ZIP					
TITLE	and a community to the	☐ DELETE	3.1 TTT	E	"			Char	nge	☐ Addition
NAME			3.2 NAM	Æ						ļ
STREET ADDRESS			. 3.3 STR	REET	ADDRESS					ļ
CITY-ST-ZIP			3.4. CIT	Y-81	T- ZIP					
TITLE		☐ DELETE	4.1 TITL	E			_	☐ Char	nge	☐ Addition
NAME			4. 2 NA	ME		•				
STREET ADORESS			4.3 STF	REET	ADDRESS	•				
CITY-ST-ZIP			4.4 CIT	Y-ST	r-ZIP					
TITLE .		☐ DELETE	5.1 TITL	E				Char	nge	☐ Addition
NAME			5.2 NAM	Æ	1	•				·
STREET ADDRESS	1		5.3 STF	EET	ADDRESS					
CITY-ST-ZIP			5.4 CIT	Y-ST	r-zip					
TITLE : ·	N + 1	☐ DELETE	6.1 TITL	E				Char	nge	Addition
NAME	Ì		6.2 NAM	νŒ						
STDEET ADDRESS			6.3 STF	REET	ADDRESS	•				

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.

6.4 CITY-ST-ZIP

STREET ADDRESS

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90089 028 ***150.00