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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

DOCUMENT # H11294

OUNTY

FLORIDA HOMES AND LAND INCORPORATED OF VOLUSIA C

							THEST MINIST MENT	. RIRIS BIBIT (BB)
Principal Place	e of Business	Mailing Address						
506 N RIDGEWOOD AVE 204 N RIVERSIDE DR					1			
EDGEWATER FL	. 32132	EDGEWATER FL 32132		- 1	DO NOT WRITE IN THIS	SDACE		
US US					-	3. Date Incorporated or Qualified		
					1	**		ì
			·			07/05/1984		Land English
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	\vdash	Applied For
21		26		_		59-2428161		lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				-، سب	.	5. Certifcate of Status Desired	•	Additional
22 27							Fee F	Required
City & State City & State						6. Election Campaign Financing	\$5.06	May Be
23		28			_	Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country	,		8. This corporation owes the current year Ir	tangible	ĺ
24	25	29 31			ſ	Personal Property Tax.	☐ Yes	□No
24	9. Name and Address of Curren	Registered Agent				10. Name and Address of New Registered	Agent	
			81	Name	:			
HAU	GHWOUT, LESLIE C		<u> </u>	<u> </u>				
204 N RIVERSIDE DR			82	Street	Address	s (P.O. Box Number is Not Acceptable)		
EDGEWATER FL 32132			83	+				
LDGI	LWATER TE SEISE		00	' }				
1			84	City			85 Zip	Code
				<u> </u>		FI		
11. Pursuant	to the provisions of Sections 607.0507	2 and 607.1508, Florida Statutes	, the abov	e-named	d corpora	ation submits this statement for the purpose of solutions should be directors. I hereby accept the appointment of the statement for the purpose of the submitted by the statement of the submitted by the submitte	t changing i bintment as	ts registerea reaistered
agent. La	egistered agent, or both, in the State of m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	a Statutes	s.	Joranom	s board of directors. Thorapy decopt the app	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-
}								
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Re	egistered Age	ni signature	required wt	nen reinstating) DATE		
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	
TITLE	PD	☐ DELETE	1.1 TITLE				☐ Change	e
NAME	HAUGHWOUT, C. LESLIE		12 NAME		1			
STREET ADDRESS	204 N. RIVERSIDE DR.		13 STREE	T ADDRESS	3			
	EDGEWATER FL		1.4 CITY-S					
CITY-ST-ZIP		□ DELETE	2.1 TITLE	51- <u>2</u> 1F	+-		Change	e
TITLE	30							_
NAME	HAGHITOUT, SEAT		2.2 NAME					
STREET ADDRESS	2011.		2.3 STREE	TADDRESS	3			
CITY-ST-ZIP	EDGEWATER FL	<u> </u>	2. 4 CITY-	ST-ZIP				
TITLE	VD · ·	☐ DELETE	3.1 TITLE				Change	e 🗀 Addition
NAME	HAUGHWOUT, KENNETH L.		3.2 NAME		1			
STREET ADDRESS	2204 ROYAL PALM		3.3 STREE	TADDRESS	3			
CITY-ST-ZIP	EDGEWATER FL		3.4. CITY-	ST-ZIP				
TITLE	TD	☐ DELETE 4.1 TI			\top		☐ Change	e Addition
NAME	HAUGHWOUT, E. ROBERT		4. 2 NAME		1			
				Et address				
STREET ADDRESS					'[
CITY-ST-ZIP	EDGEWATER FL	☐ DELETE	4.4 CITY-5	ST-ZIP	 		Change	e
TITLE		LJ DELETE	5.1 TITLE		1			L_J AGGIGGII
NAME			5.2 NAME		1			
STREET ADDRESS			1	ET ADDRESS	5			
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE		1		☐ Change	e 🔲 Addition

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 his other like empowered.

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

NAME

CITY-ST-ZIP "