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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MENT # H36978 HOMES, INC.	8 (5)				I AROLDIA AIRO INIGO AIRIC HAND HERDE GOIF GEOLEGIA	Î BJE!! BIÂI! BI!	1), 11 1 11 1 11 1
Principal Plan	ce of Business	Mailing Address						
P. O. BOX 577 P. O. BOX 577 ZEPHYRHILLS FL 33539-057 ZEPHYRHILLS FL 33539-057			1577					
		#E: ************************************	W11			DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualified		
2. Principal Place of Business 2a. Mailing Address						01/07/1985		
21	riace of business	2a. Mailing Address				4. FEI Number	─	pplied For
Suite, Apt.	. #, etc.	Suite. Apt. #. etc.	Suite, Apt. #, etc.			59-2495765		lot Applicable Additional
22	, -	27				5. Certificate of Status Desired		Additional leguired
City & Sta	le	City & State				6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution		to Fees	
Zip	⊢ '	7		ntry		8. This corporation owes or has paid the cu	rrent year Ir	ntangible
24	25 9. Name and Address of Curren	29	30					No
		r ueðisteten wåðut		B1	Name	10. Name and Address of New Registered	Agent	
	LER, WILTON R.		L					
3015 WINDSOR WAY TALLAHASSEE FL 32312			- 1	82 5	Street Addre	ess (P.O. Box Number is Not Acceptable)		
i i i	CEATIAGGEE FE 32312			83	·			
			Į.		N:-			
			['	84] (City	FL	85 Zip	Code
	to the provisions of Sections 607.050; registered agent, or both, in the State am familiar with, and accept the obliga	2 and 607.1508, Florida Statut of Florida. Such change was a ations of, Section 607.0505, Fk	es, the ab authorized orida Statu	ove-n I by th utes.	amed corporation	oration submits this statement for the purpose coon's board of directors. I hereby accept the appropriate the coordinate of the coordinate	f changing pointment as	its registered s registered
SIGNATURE	Signature, typed or printed name of registered ager	nt and lifle if applicable (NOT	E Registered	Agent s	gnature require	ed when reinstaling) DATE		
12.	OFFICERS AND		13.	· · · · ·		ADDITIONS/CHANGES TO OFFICERS ANI	DIRECTO	RS IN 12
TITLE	•		1,1 1111	1.1 TITLE			Change	Addition
NAME	DOUGLAS, HENRY C., JR.		1.2 NAN	ME				
STREET ADDRESS	5430 KEMKERRY DR.		1.3 STREE		DRESS			
CITY-ST-ZIP	WESLEY CHAPEL FL	Document	1.4 CITY		IP			
TITLE NAME	DOLLOLAR CURRETIME V	L_ DELETE		2.1 TITLE			☐ Change	Addition
STREET ADDRESS	Douglas, Christine K. 5430 Kemkerry Dr.		2.2 NAME					
CITY-ST-ZIP	WESLEY CHAPEL FL		2.3 STREET					
TITLE	D	DELETE		2. 4 CITY - ST - ZIP 3.1 TITLE			Change	Addition
NAME	MILLER, WILTON R.		3.2 NAM	3.2 NAME				
STREET ADORESS	3015 WINDSOR WAY		3.3 STR	EET ADD	RESS			
CITY-ST-ZIP	TALLAHASSEE FL		3.4. CITY- ST - ZIP		:iP			
TITLE	D	☐ DELETE	4.1 TITL	4.1 TITLE			Change	☐ Addition
NAME	MILLER, SUSANNE D.		4. 2 NAME					
STREET ADDRESS	3015 WINDSOR WAY		4.3 STRE	EET ADD	RESS			
CITY-ST-ZIP	TALLAHASSEE FL	T priete.	4.4 CITY		P		<u> </u>	
TITLE	OALAMO CADLOS E	DELETE	5.1 TITLE				L Change	Addition
NAME CERET APPRICE	GALAVIS, CARLOS E. 2913 IVANHOE ROAD		5.2 NAM					
STREET ADDRESS	TALLAHASSEE FL		5.3 STRE					
CITY-ST-ZIP TITLE	D D	☐ DELETE	5.4 CITY 6.1 TITLE		r		Change	Addition
NAME	GALAVIS, JENNIFER L.		6.2 NAM				-1 origings	Additivit
STREET ADDRESS	2913 IVANHOE ROAD		6.3 STRE		ress			

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.

FILED

Jan 29 1998 8:00am

Secretary of State