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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90047 016 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # H55423

1. Corporation Name

JAMELIN CUSTOM HOMES, INC.

Principal Place of Business

% JAMES M. WISNIEWSKI
4104 FLAMINGO BLVD. HERNANDO BEACH
SPRING HILL FL 34607

Mailing Address

% JAMES M. WISNIEWSKI
4104 FLAMINGO BLVD. HERNANDO BEACH
SPRING HILL FL 34607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/03/1985

4. FEI Number

59-2532695

Applied For

Not Applicable

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

2. Principal Place of Business

21 12583 SPRING HILL DR.

2a. Mailing Address

26 12583 SPRING HILL DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 SPRING HILL, FL.

City & State

28 SPRING HILL, FL.

Zip

Country

24 34609

25

Zip

29 34609

Country

30

9. Name and Address of Current Registered Agent

WISNIEWSKI, JAMES M.
4104 FLAMINGO BLVD.
SPRING HILL 34607

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PV ☐ DELETE

NAME WISNIEWSKI, JAMES M.
STREET ADDRESS 4104 FLAMINGO BLVD.
CITY-ST-ZIP SPRING HILL FL

TITLE ST ☐ DELETE

NAME WISNIEWSKI, LINDA
STREET ADDRESS 4104 FLAMINGO BLVD.
CITY-ST-ZIP SPRING HILL FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

Signature of James M. Wisniewski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sec. Treasurer

4-16-99 (352) 684-6555

Date

Daytime Phone #

CR2E034 (11/98)