## 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

**DOCUMENT** #

(6)

NEW	HOME	DEVELOPMENT,	INC.
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**FILED** Feb 13 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address			- L LOGION BING CHIER HIND CHIER HIND BIRTH		
P.O. BOX 1057 RUSKIN FL 335	70-8057	P.O. BOX 1057 RUSKIN FL 335	70-9057		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  01/02/1986		
2. Principal Place of Business		2a. Mailing Add	2a. Mailing Address		4. FEI Number	Applied For	
21		26			59-2620595	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stato		City & State	<u></u> ı '		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	<b>Ζ</b> φ	<b>30</b>	untry	8. This corporation owes or has paid the curr Personal Property Tax due June 30.	rent year Intangible XYes	
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
402 (	G, AARON R., JR. E SHELL POINT ROAD KIN EL 33570-R057			81 Name 82 Street Addre	ess (P.O. Box Number is Not Acceptable)		

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. Thereby accept the appointment as registered agent. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

City

*·-··	Signature, typed or printed name of registered a ped and title if applicable	le (NOTE	Registered Agent signature requi	ired when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		IN 12
TITLE	DS	DELETE	1.1 TITLE		Change [	Addition
NAME	LONG, CORA E.		1.2 NAME			I
STREET ADDRESS	402 E SHELL POINT ROAD		1.3 STREET ADDRESS			I
CITY-ST-ZIP	RUSKIN FL		1.4 CITY - ST - ZIP			
TITLE	DP	DELETE	2.1 TITLE	======================================	☐ Change	Addition
NAME	LONG, AARON		2.2 NAME			I
STREET ADDRESS	402 EAST SHELL POINT RD.		2.3 STREET ADDRESS			
CITY-ST-ZIP	RUSKIN FL		2. 4 CITY - \$T - ZIP			
TITLE		DELETE	3 1 TITLE	7-11-11-11-1-1-1	Change [	Addition
NAME			3.2 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
CITY-ST-ZIP			3 4. CITY-ST-ZIP			

41 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 City-St-ZiP

DELETE

DELETE

☐ DELETE

6.3 STREET ADDRESS CITY-ST-ZIP 14. Thereby 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 if 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.

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Claron R. Jong gr

Aaron R. Long, Jr.

2/2/98

813-645-1942

Change

Change

☐ Change

Addition

Addition

Addition

Zip Code

85