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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # H95876

1. Corporation Name

DREAM HOMES OF CENTRAL FLORIDA, INC.

Principal Place of Business

4475 OLD BEAR RUN
WINTER PARK FL 32792-9410

Mailing Address

4475 OLD BEAR RUN
WINTER PARK FL 32792-9410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/27/1986

4. FEI Number

59-2629322

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 339 CAROLYN DR.

Suite, Apt. #, etc.

22 OVIEDO FLORIDA

City & State

23 32765 SEMINOLE

Zip

Country

24

25

2a. Mailing Address

26 339 CAROLYN DR

Suite, Apt. #, etc.

27 OVIEDO FLORIDA

City & State

28 32765 SEMINOLE

Zip

Country

29

30

9. Name and Address of Current Registered Agent

LOVETT, W. THOMAS
200 E. ROBINSON ST., STE. 500
ORLANDO FL 32801

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 P ☐ DELETE

NAME REAMS, J. PERRY
STREET ADDRESS 4475 OLD BEAR RUN
CITY-ST-ZIP WINTER PARK FL

TITLE ST ☐ DELETE

NAME REAMS, JANE D
STREET ADDRESS 4475 OLD BEAR RUN
CITY-ST-ZIP WINTER PARK 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 339 CAROLYN DR
1.4 CITY-ST-ZIP OVIEDO, FL 32765

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 339 CAROLYN DR.
2.4 CITY-ST-ZIP OVIEDO, FL 32765

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:

Jane D. Reams

JANE D. REAMS

1-12-99

407-359-5606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0062968