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May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northcutt Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J13194 (2)

1. Corporation Name
GOLDEN HILLS PROPERTY SALES, INC.

Principal Place of Business 7681 NW US HWY. 27 OCALA FL 34482	Mailing Address 7681 NW US HWY. 27 OCALA FL 34482-3847
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/07/1986	3a. Date of Last Report 05/01/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2680940	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MCQUIRE, JOHN F. 5268 NW 78TH CT. OCALA FL 34482		81 Name ROBERT LEE VAN HEYDE 82 Street Address (P.O. Box Number is Not Acceptable) 7681 NW US HWY 27 83 84 City OCALA FL 85 Zip Code 34482	

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 *Robert Lee Van Heyde* **ROBERT LEE VAN HEYDE** **4/16/97**
Signature, typed or printed name of registered agent, and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	PRESIDENT
NAME	MCQUIRE, JOHN F.	1.2 NAME	JOE I. WHITMORE
STREET ADDRESS	5268 NW 78TH CT.	1.3 STREET ADDRESS	4500 NW 82ND CT.
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	OCALA FL 34482
TITLE	D	2.1 TITLE	SECRETARY
NAME	MCQUIRE, JOHN F.	2.2 NAME	LAWRENCE V. GOW
STREET ADDRESS	5268 NW 78TH CT.	2.3 STREET ADDRESS	4715 80th CT
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	OCALA FL 34482
TITLE	VD	3.1 TITLE	V.P. TREASURER
NAME	MCQUIRE, NATALIE S.	3.2 NAME	ROBERT LEE VAN HEYDE
STREET ADDRESS	5268 N.W. 78TH CT.	3.3 STREET ADDRESS	4433 SE 12th PL
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	OCALA FL 34471
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Robert Lee Van Heyde* **ROBERT LEE VAN HEYDE** **4/25/97** **352-351-4718**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)