

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 19 PM 12:16

DOCUMENT # **K63995** (0)

1. Corporation Name
HOUSING FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **1159 JENKS AVE. PANAMA CITY FL 32401**
Mailing Address: **P.O. BOX 1948 PANAMA CITY FL 32406 US**

3. Date Incorporated or Qualified: **02/08/1989**
3a. Date of Last Report: **06/06/1994**

2. Principal Place of Business: **949 Jenks Ave**
2a. Mailing Address: **949 Jenks Ave**
21. City & State: **Panama City, FL**
22. Suite, Apt. #, etc.:
23. Zip: **32401** 25. Country: **US**
27. City & State: **Panama City, FL**
28. Suite, Apt. #, etc.:
29. Zip: **32401** 30. Country: **US**

4. FEI Number: **59-2935509**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
**HUTTO, BILL R.
HUTTO, NADORS, BODIFORD & WARNER
101 E. TWENTY-THIRD ST., 9RD FLOOR
PANAMA CITY FL 32405**

10. Name and Address of New Registered Agent:
81. Name: **Cecelia R. Johnson**
82. Street Address (P.O. Box Number is Not Acceptable): **Rt 3 Box 4088**
83.
84. City: **Havana** 85. Zip Code: **FL 32333**

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: Cecelia R. Johnson Cecelia R. Johnson 6/14/95
Signature (Must be printed name of registered agent and the if applicable) NOTE: Registered Agent signature required when re-electing DATE

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	JOHNSON, RONALD CLYDE
STREET ADDRESS	1820 ATLANTIS AVE.
CITY ST ZIP	TALLAHASSEE FL
TITLE	V
NAME	SHORES, RANDALL F.
STREET ADDRESS	268 EAGLE DR
CITY ST ZIP	PANAMA CITY FL
TITLE	S
NAME	JOHNSON, CECELIA R.
STREET ADDRESS	1820 ATLANTIS PLACE
CITY ST ZIP	TALLAHASSEE FL
TITLE	T
NAME	GRAINGER, RAY
STREET ADDRESS	232 S. COMET AVE.
CITY ST ZIP	PANAMA CITY FL
TITLE	VP
NAME	MENGE, M.F. JR
STREET ADDRESS	507 HWY 2297
CITY ST ZIP	PANAMA CITY FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DELETE
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DIPIS
2.3 STREET ADDRESS	SHORES, RANDALL F.
2.4 CITY - ST - ZIP	949 Jenks Ave Panama City, FL 32401
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DELETE
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DELETE
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DELETE
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 in this report or on an attachment with an address.

SIGNATURE: Randall F. Shores 6/14/95 (404) 913-8855
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR DATE TELEPHONE NUMBER
RANDALL F. SHORES