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

PROFIT



FLORIDA DEPARTMENT OF STATE

ANN	ANNIJAI REPORT			m e ATI	ONS				
1. Corporation	MENT # LO958 AL HOME PROPERTIES.	_ /							
ILDEII	AL HOME I NOI EMILO,	MO:				A PROMODIL AND ADDRESS LANGUE AND A COMM	IIAI ARAKI AIANI AI	8 1 1 1 1 1 1 1 1 1 1 1	Biffi Biðii (Rð)
									
Principal Place		Mailing Address					***************************************	• • • • • • • • • • • • • • • • • • • •	
2626 5TH AV ST. PETE FL US		2626 5TH AVE. N. St. Petersburg fl US	. 33713						
						 Date Incorporated or Qualified 08/16/1989 	3a. Date of ()4/1	1/199	•
2. Principal Pl	ace of Business	2a. Mailing Address 26				4, FEI Number 59-2965985	1	Ĺ	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional Required
City & State)	City & State				Election Campaign Financing Trust Fund Contribution		\$5.0	O May Be d to Fees
7ip 24	Country 25	Zip 29	30 Cou	intry	1	This corporation has liability for i Florida Statutes Yes	ntangible tax u	inder s	199.032,
	g. Name and Address of Cur	rent Registered Agent		-	Т : :	10. Name and Address of New R	egistered Ag	ent	
OUDDV	16/0 1 1 4 4 4 1			81	Name				
CURRY, WILLIAM J. 111 7TH AVE					Street Add	dress (P.O. Box Number is Not Acceptab	le)		
	ERSBURG FL 33706			B3					
01.161	LIODONG I E 33700				<u></u>				
				84	City		FL	B5 Zip	Code
11. Pursuant t	to the provisions of Sections 607.05	502 and 607.1508, Florida Stati	utes, the abo	VO-1	named corpo	pration submits this statement for the pur	nose of chang	ing its r	egistered office
or register	ed agent, or both, in the State of Fl th, and accept the obligations of, S	iorida. Such change was author	rized by the d	orp	oration's bo	ard of directors. I hereby accept the appo	pintment as rec	gistered	agent. I am
SIGNATURE									
<u></u>	Signature, typed or printed name of registered at			Ager	nt signature requi	ed when reinstating)	DATE		
12.	OFFICERS /	AND DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFI			
NAME	BAUMGARTNER, DARYL J.		1. 1 Ti				Ш	Change	Addition
STREET ADDRESS	111 7TH AVE		1.2 NA						
CITY-ST-ZIP	ST. PETERSBURG FL				ADDFESS				
TITLE	D	☐ DELETE	2. 1 T		iT-ZIP		<u> </u>	Change	Addition
NAME	CHOOK WHITHAM I			2.2 NAME			L) \	maryc	
STREET ADDRESS	444 7711 417				ADDRESS				
CITY-ST-ZIP	et petenenino di			2.4 CITY-ST-ZIP					
TITLE				3. 1 TITLE				Change	Addition
NAME			3 2 NA					-	_
STREET ADDRESS			33 S	rreet	T ADDRESS				
City-St-ZiP				3.4 CITY - ST - ZIP					
1HTLE		DELETE 4		4 1 TITLE				hange	Addition
NAME			4.2 N	ME					
STREET ADDRESS			4.3 ST	REEI	ADDRESS				
C(TY - ST - Z)P		F) brieze	4.4 CI		T- ZIP				
TITLE		☐ DELETE	5 1 1/					change	☐ Addition
NAME			5.2 NA						
STREET ADDRESS					ADDRESS				
CITY - ST - ZIP		רו חבוביד	5.4 CII		T-ZIP			hance	Addition
THILE		☐ DELETE	6. 1 Ti	ILt			LJ.	hange	Addition

14. Loc hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is two 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 trespectation between 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.

6.4 CITY-ST-ZIP

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

NG OFFICER OR DIRECTOR WILLIAM J. CURRY 3/23/96 813 327-4426