PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

WAGGONER HOMES, INC.

FILED

Jan 21 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address				
289 N BARFIELD 765 N. BARFIELD				
MARCO ISLA		MARCO ISLAND FL 33937		
US				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
A Dringing! D	llane of Dunlanes	Los Mailles Address		11/02/1989
<u> </u>	lace of Business	2a. Mailing Address	alla D.	4. FEI Number Applied For
21 Suite Ant	# ata	26 28 9 /V, DO	TIELD V	65-0162161 Not Applicable
Suite, Apt, #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		City _a & State		
23		- A71	land. F	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	28	Country	7,000,0100
24	25		5	8. This corporation owes or has paid the current year !ntangible Personal Property Tax due June 30. Yes No
24	g. Name and Address of Curren		0	10. Name and Address of New Registered Agent
od Name				
WAGGONEH, KENNETH G.				
				ddress (P.O. Box Number) is Not Acceptable)
MA.	RCO ISLAND FL 33937		83 7 8	9 N Partier Dr
İ			63	
			84 City	TSIAND " FL 85 Zip Code 34/145
_			1 ///	erco Island FL 34145
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State	2 and 607.1508, Florida Statutes of Florida, Such change was air	, the above-named o	orporation submits this statement for the purpose of changing its registered
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				. •
<u> </u>	Signature, typed or printed hame of registered age		Registered Agent signature re	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	PD Change Addition
NAME	waggoner, Kenneth G		1.2 NAME	Naggoner Kenneth G
STREET ADDRESS	765 N. BARFIELD		1,3 STREET ADDRESS	289 N. Bartield Dr
CITY - ST - ZIP	MARCO ISLAND FL		1.4 CITY - ST - ZIP	Marco Is Fl 34145
TITLE	VD	☐ DELETE	2.1 TITLE	V D ☐ Change ☐ Addition
NAME	JONES, G E		2.2 NAME	loves GE
STREET ADDRESS	289 N BARFIELD		2.3 STREET ADDRESS	289 N. Bartield Dr.
CITY-ST-ZIP	MARCO ISLAND FL		2. 4 CITY - ST - ZIP	lones, GE 289 N. Barfield Dr. Marco To FI 34145
TITLE		DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		_	4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	Onange Addition
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP) or or	5.4 CITY - ST - ZIP	[A [] 4.000.
TITLE		☐ DELETE	6.1 TITLE	Li Change Li Addition
NAME			6.2 NAME	·
STREET ADDRESS			6.3 STREET ADDRESS	
CITY - ST - ZIP			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.