## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L44936

1. Corporation Name

GHI E FAMILY HOMES INC

GOLI	ANNET (TOMES, MO.				
Principal Disc	ce of Business	Mailing Address			
		Mailing Address			
3150 SOUTH CANAL DR. 3150 SOUTH CANAL DR. PALM HARBOR FL 34684 PALM HARBOR FL 34684					
US US		!	DO NOT WRITE IN TH	IS SPACE	
				3. Date Incorporated or Qualifed	
				01/19/1990	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2986440	Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27	<u> </u>	5. Certificate of Status Desired	Fee Required
City & Sta	ite	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	=
24	9. Name and Address of Curre	nt Begistered Accet	30	Personal Property Tax.	☐ Yes ☐ No
	5. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registere	d Agent
SLA	ICK, WINIFRED S.		O Name		
3150 SOUTH CANAL DR.			82 Street A	ddress (P.O. Box Number is Not Acceptable)	
PAL	M HARBOR FL 34684		83		
			03		
			84 City		85 Zip Code
11 Pursuant	to the provisions of Sections 607 056	02 and 607 1509 Clasida Stati	the the share period a	orporation submits this statement for the purpose	
Office or	registered agent, or both, in the State	e of Florida. Such change was	authorized by the corpor	ration's board of directors. I hereby accept the app	or changing its registered ointment as registered
agent. I a	am tamiliar with, and accept the obliga	ations of, Section 607.0505, F	orida Statutes.		-
SIGNATURE	Signature, typed or printed name of registered age	and title if anolicable (AIO)	TE: Registered Agent signature req	juired when reinstating) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	SLACK, WINIFRED S.		1.2 NAME		
STREET ADDRESS	3150 SOUTH CANAL DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS					
CITY-ST-ZIP	1		■ 2.3 STREET ADDRESS I		
TITLE			2.3 STREET ADDRESS		
NAME		☐ DELETE			☐ Change ☐ Addition
		☐ DELETE	2.4 CITY-ST-ZIP		☐ Change ☐ Addition
STREET ADDRESS		☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME		☐ Change ☐ Addition
		☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		
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CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ DELETE	2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP		☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition

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.

6.4 CITY-ST-ZIP

SIGNATURE:

4/15/99 727 786 - 4862

**FILED** 

05-05-1999 90051 015 \*\*\*150.00

May 05, 1999 8:00 am Secretary of State