FILE NOW: Fee after May 1, will be $588.75

APPROVED AND FILED

97 APR 21 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

pg. 1 of 2

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997

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

FILING FEE $ 203.75	Annual Report $100.00 + $103.75 Corporation Supplemental Fee
	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # L96000001204

FLORIDA GULF HOMES, L.C.
11000 METRO PARKWAY, SUITE 17
FT. MYERS FL 33912

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

1a. Principal Place of Business Address

11000 METRO PARKWAY, SUITE 17
FT. MYERS FL 33912

2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

3. Date Organized or Qualified: 11/18/1996 [redacted]

3a. State of Formation: FL

☒ Applied For
☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired
$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

KINGON, ANN
11000 METRO PARKWAY, SUITE 17
FT. MYERS FL 33912

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City: **FL** Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	PICKENPACK, THIES	25130 RIDGE OAK DR.	BONITA SPRINGS FL
MEM	PICKENPACK, CORNELIA	25130 RIDGE OAK DR.	BONITA SPRINGS FL
MEM	KINGON, KENNETH SR	11000 METRO PARKWAY, SUITE	FT. MYERS FL
MEM	KINGON, ANN	11000 METRO PARKWAY, SUITE	FT. MYERS FL

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****203.75 ****203.75

4-21-97
A. Allan

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: _____ 4-8-97 941-495-8337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

INHSE10 R(12-96)

P.01

CF 470977

Form **SS-4** (Rev. December 1995)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

▶ Keep a copy for your records.

EIN 65-0742143

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.)
Florida Gulf Homes, L.C.

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
11000-17 Metro Pkwy

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code
Ft Myers, FL 33912

5b City, state, and ZIP code

6 County and state where principal business is located
Lee

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ▶ 265-70-2234

8a Type of entity (Check only one box.) (See instructions.)

- ☐ Sole proprietor (SSN) ___
- ☐ Partnership
- ☐ REMIC
- ☐ State/local government
- ☐ Other nonprofit organization (specify) ▶ ___
- ☐ Other (specify) ▶
- ☐ Personal service corp.
- ☐ Limited liability co.
- ☐ National Guard
- ☐ Estate (SSN of decedent) ___
- ☐ Plan administrator-SSN ___
- ☒ Other corporation (specify) ▶
- ☐ Trust
- ☐ Federal Government/military
- ☐ Farmers' cooperative
- ☐ Church or church-controlled organization

(enter GEN if applicable) ___

8b If a corporation, name the state or foreign country (if applicable) where incorporated — State: Florida — Foreign country:

9 Reason for applying (Check only one box.)

- ☒ Started new business (specify) ▶ ___
- ☐ Hired employees
- ☐ Created a pension plan (specify type) ▶
- ☒ Banking purpose (specify) ▶ ___
- ☐ Changed type of organization (specify) ▶ ___
- ☐ Purchased going business
- ☐ Created a trust (specify) ▶ ___
- ☐ Other (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.)
11/18/96

11 Closing month of accounting year (See instructions.)
December

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: *If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)* ▶ ?

13 Highest number of employees expected in the next 12 months. Note: *If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.)* ▶

Nonagricultural	Agricultural	Household
	0	

14 Principal activity (See instructions.) ▶ Home building & Land Development

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check the appropriate box.
☒ Public (retail) ☐ Business (wholesale) ☐ Other (specify) ▶

17a Has the applicant ever applied for an identification number for this or any other business? ☒ Yes ☐ No ☐ N/A
Note: *If "Yes," please complete lines 17b and 17c.*

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ▶ Ann B. Kingon Trade name ▶ Paycon Inc. (still in operation

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (Mo., day, year): 5/10/82 — City and state where filed: Ft Myers, FL — Previous EIN: 59-2201730

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code): (941) 939-0100
Fax telephone number (include area code): (941) 939-5523

Name and title (Please type or print clearly.) ▶ Ann B. Kingon, Registered Agent

Signature ▶ [signature] Date ▶ 4/8/97

Note: *Do not write below this line. For official use only.*

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying

For Paperwork Reduction Act Notice, see page 4. Cat. No. 16055N Form SS-4 (Rev. 12-95)

TOTAL P.01