

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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90239 050 ***150.00

DOCUMENT # M67342

1. Corporation Name

JUDY DIVINEY HOMES, INCORPORATED



DO NOT WRITE IN THIS SPACE

Principal Place of Business
776 E JOHN SIMS PKWY
NICEVILLE FL 32578
US

Mailing Address
776 E JOHN SIMS PKWY
NICEVILLE FL 32578
US

3. Date Incorporated or Qualified

02/04/1988

2. Principal Place of Business
21 11275 EMERALD COAST PKWY. W.
Suite, Apt. #, etc.

2a. Mailing Address
26 11275 EMERALD COAST PKWY W.
Suite, Apt. #, etc.

4. FEI Number

59-2868119

Applied For

Not Applicable

22 SUITE #9
City & State

27 SUITE #9
City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 DESTIN, FL
Zip Country

28 DESTIN, FL
Zip Country

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

24 32541 25 USA
29 32541 30 USA

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DIVINEY, JUDY
776 E JOHN SIMS PKWY
NICEVILLE FL 32578

10. Name and Address of New Registered Agent

81 Name (same) DIVINEY, JUDY
82 Street Address (P.O. Box Number is Not Acceptable)
11275 EMERALD COAST PARKWAY WEST
83 SUITE #9
84 City DESTIN FL 85 Zip Code 32541

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE PD
NAME DIVINEY, JUDY
STREET ADDRESS 776 E JOHN SIMS PKWY
CITY-ST-ZIP NICEVILLE FL

TITLE STD
NAME DIVINEY, GARY B.
STREET ADDRESS 776 E JOHN SIMS PKWY
CITY-ST-ZIP NICEVILLE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE (same) ☒ Change ☐ Addition
1.2 NAME (same)
1.3 STREET ADDRESS 11275 EMERALD COAST PKWY W. #9
1.4 CITY-ST-ZIP DESTIN, FL 32541

2.1 TITLE (same) ☒ Change ☐ Addition
2.2 NAME (same)
2.3 STREET ADDRESS 11275 EMERALD COAST PKWY W. #9
2.4 CITY-ST-ZIP DESTIN, FL 32541

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-99

Date

850-654-7200

Daytime Phone #

CR2E034 (11/98)