

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

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M85013 (4)
1. Corporation Name
FLORIDA HOME PROPERTIES, INC.

Principal Place of Business % JOHN LANEHART 4179 PIRATES LANDING WINTER HAVEN FL 33884 US	Mailing Address % JOHN LANEHART 4179 PIRATES LANDING WINTER HAVEN FL 33884 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 John Lanehart Suite, Apt. #, etc. 22 4304 Larry's Lagoon City & State 23 Winter Haven, FL Zip 24 33884 Country 25 FL U.S.		2a. Mailing Address 26 John Lanehart Suite, Apt. #, etc. 27 4304 Larry's Lagoon City & State 28 Winter Haven, FL Zip 29 33884 Country 30 U.S.		3. Date Incorporated or Qualified 06/08/1988	4. FEI Number 59-2917228	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent LANEART, JOHN 4179 PIRATES LANDING WINTER HAVEN FL 33884				10. Name and Address of New Registered Agent 81 Name Lanehart, John 82 Street Address (P.O. Box Number is Not Acceptable) 4304 Larry's Lagoon 83 Winter Haven, FL 33884 84 City FL 85 Zip Code			
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANEART, JOHN			1.2 NAME	Lanehart, John		
STREET ADDRESS	4179 PIRATES LANDING			1.3 STREET ADDRESS	4304 Larry's Lagoon		
CITY-ST-ZIP	WINTER HAVEN FL			1.4 CITY-ST-ZIP	Winter Haven, FL		
TITLE	ST	<input type="checkbox"/> DELETE		2.1 TITLE	ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANEART, JOYCE			2.2 NAME	Lanehart, Joyce		
STREET ADDRESS	4179 PIRATES LANDING			2.3 STREET ADDRESS	4304 Larry's Lagoon		
CITY-ST-ZIP	WINTER HAVEN FL			2.4 CITY-ST-ZIP	Winter Haven, FL		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: John Lanehart PD John Lanehart, Pres. 4/15/98 (94)324-8406

CR2E034 (10/97)