

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M86028 (1)

1. Corporation Name

OLD HARBOR HOMES, INC.



Principal Place of Business

Mailing Address

C/O JEFFREY LEWIS
P O BOX 478
SOPCHOPPY FL 32358

C/O JEFFREY LEWIS
P O BOX 478
SOPCHOPPY FL 32358

3. Date Incorporated or Qualified

06/14/1988

3a. Date of Last Report

06/20/1995

2. Principal Place of Business

2a. Mailing Address

21 **13454 S. ISTACHATTA RD**

26 **PO Box 187**

4. FEI Number

59-2889702

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 **ISTACHATTA FLA**

28 **ISTACHATTA FLA**

Zip

Country

Zip

Country

24 **34636**

25 **USA**

29 **34636**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEWIS, JEFFREY
1150 2ND AVE
SOPCHOPPY FL 32358**

81 Name

LEWIS, JEFFREY

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

13454 S. ISTACHATTA RD

83

84 City

ISTACHATTA

FL

85 Zip Code

34636

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

Jeffrey Lewis

DIRECTOR

JEFFREY LEWIS

5-27-96

Signature of person named as registered agent and shall apply when

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D LEWIS, JEFFREY**
STREET ADDRESS **1150 2ND AVE**
CITY - ST - ZIP **SOPCHOPPY FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
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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 ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

**13454 S. ISTACHATTA RD
ISTACHATTA FLA, 34636**

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

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

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Jeffrey Lewis

JEFFREY LEWIS

5-27-96

352-796-7116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Month/Year

CR2E034 (12/95)