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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

RESIDENÇES, INC.

M89277

(1)

Mailing Address

## **FILED** May 26 1998 8:00am Secretary of State



5135 LINCOLN TAMPA FL 39		C/O 17902 CLEARLAKE DRIV LUTZ FL 33549 US	E		DO NOT WRITE IN T	HI <b>S S</b> PACE	
÷					<ol> <li>Date Incorporated or Qualified 07/12/1988</li> </ol>		
.2. Principal Pl	lacé of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21 1790	J CLEANIAKE DO	26 P.O. BOX	215	23	59-2910600	N	ot Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			6. Certificate of Status Desired		Additional lequired
City & State	9	City & State			6. Election Campaign Financing	\$5.00	May Be
28 Lut 2	LI. FIA	28 Luts F			Trust Fund Contribution		to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the	current year In	itangible
24 335	49 25 HUSS	29 33548 30	<i>H</i>	الغ	Personal Property Tax due June 30.		□No
	Name and Address of Curren	t Registered Agent			<ol><li>Name and Address of New Register</li></ol>	red Agent	
BU	LL <b>AR</b> D, ARTHUR JR.		81	Name			
179	202 CLEARLAKE DRIVE		82	Street	Address (P.O. Box Number is Not Acceptable)		<del> </del>
LUT	TZ FL 33549		"	30000	Address (1.0. Dox Number is Not Acceptable)		•
	- Paragraphic Annual Control of the		83	-			
	<b>1</b> -		84	City		FL 85 Zip	Code
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes, t	he above	named	corporation submits this statement for the purpo	se of changing i	its registered
office of fe agent. Far	egi <b>stere</b> d agent, or both, in the State m <b>lam</b> ilia <u>r with, and a</u> ccept the obliga	of Florida. Such change was authoritions of Section 60 <b>7.0505,</b> Florida	orized by a Statutes	rine cor <sub>i</sub> 3.	poration's board of directors. I hereby accept the	appointment as	s registerea
SIGNATURE	Signature, typod or printed name of registered ago	of and title if applicable (NOTE: Rec	gistered Age	int signature	e required when reinstating)	<u>R</u>	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
TITLE	D	☐ DELETÉ	1.1 TITLE		Partie Town Town St. 8	Change	Addition
NAME	<b>BULLARD, ARTHUR JR.</b>	•	1.2 NAME		1 Standard Carlos		
STREET ADDRESS	17902 CLEARLAKE DRIVE	-	1.3 STREET	ADDRESS			ļ
CITY-ST-ZIP	<b>L</b> UTZ FL 33549		1.4 CITY - S	T-ZIP			
TITLE	P	DÉLETE	2.1 TITLE		$\mathcal{D}$	Change	Addition
NAME	BAKER, MOSES JR.		2.2 NAME		PHERECK A. DAUES		
STREET ADDRESS	<b>8479 THOUSAND PINES CIR</b>		2.3 STREET	ADDRESS	2536 COUPTRUSEDS	smo	
CITY-ST-ZIP	N PALM BEACH FL. 2.4		2. 4 CITY - S	ST-ZIP	CLE ARWATER FL 33	758	
TITLE	<b>y</b>	☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME	<b>B</b> ULLARD, KATHERINE M.		3.2 NAME				
STREET ADDRESS	₹7902 CLEARLAKE DRIVE		3.3 STREET	ADDRESS			
CITY-ST-ZIP	LUTZ FL 33549		3.4. CITY- S	ST-ZIP			ļ
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME	· •	•*	4. 2 NAME			• .	
STREET ADDRESS	•		4.3 STREET	ADDRESS			
CITY-ST-ZIP	Mar of		4.4 CITY - S	T - ZIP			ŀ
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME	-		5.2 NAME				
STREET ADDRESS	Ţ		5.3 STREET	ADDRESS			
CITY-ST-ZIP	. w		5.4 CITY-S	1-2IP			
TITLE	-	DELETE	6.1 TITLE			Change	Addition
NAME	€.		6.2 NAME				
STREET ADDRESS	:	i	63 STREET	ADDRESS			

14. 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.

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