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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N13337

1. Corporation Name.

ORANGE PARK HOMES, INC.

Principal Place of Business

C/O KNIGHTS OF COLUMBUS COUNCIL NO. 7399
P.O. BOX 1455
ORANGE PARK FL 32067-1455

Mailing Address

C/O KNIGHTS OF COLUMBUS COUNCIL NO. 7399
P.O. BOX 1455
ORANGE PARK FL 32067-1455



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

3. Date Incorporated or Qualified

02/06/1986

4. FEI Number

59-2804027

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

9. Name and Address of Current Registered Agent

O'LAUGHLIN, FRANCIS M.
750 WINFRED DRIVE, SOUTH
ORANGE PARK FL 32073

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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

TITLE PD
NAME SULLIVAN, DANIEL W.
STREET ADDRESS 1851 HABERSHAM HARBR. DR
CITY-ST-ZIP ORANGE PARK FL

☐ DELETE

TITLE VD
NAME HEAD, GEORGE R.
STREET ADDRESS 2343 MARCEL DRIVE
CITY-ST-ZIP ORANGE PARK FL

☐ DELETE

TITLE TD
NAME O'LAUGHLIN, FRANCIS M.
STREET ADDRESS 750 WINFRED DRIVE, SOUTH
CITY-ST-ZIP ORANGE PARK FL

☐ DELETE

TITLE D
NAME PALMER, JESSIE E
STREET ADDRESS 1614 BELLAIR BLVD
CITY-ST-ZIP ORANGE PARK FL

☐ DELETE

TITLE D
NAME GROSS, CHARLES V.
STREET ADDRESS 3239 DOCTOR'S LAKE DR.
CITY-ST-ZIP ORANGE PARK FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed. Upon an attachment with an address, with all other like empowered.

SIGNATURE:

(Signature of Francis M. O'Laughlin)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 14 JAN 99
Daytime Phone # 904 264-32