


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90150 022 ****70.00

0060321

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N95000002159

1. Corporation Name
THAP HOMES, INC.

Principal Place of Business
5015 N 22ND ST
TAMPA FL 33610

Mailing Address
5015 N 22ND ST
TAMPA FL 33610



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/05/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KLEIN, CARL 5015 N 22ND ST TAMPA FL 33610				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	<input type="checkbox"/> DELETE	1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLE, ROBERT SR		1.2 NAME	MONROE MACK	
STREET ADDRESS	11719 TOM FOLSOM RD		1.3 STREET ADDRESS	3002 S. CAMP	
CITY-ST-ZIP	TAMPA FL 33592		1.4 CITY-ST-ZIP	Tampa FL 33607	
TITLE	DV	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIPP, ROBERT		2.2 NAME		
STREET ADDRESS	4424 ATWATER DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33610		2.4 CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SADLER, GEORGE W		3.2 NAME		
STREET ADDRESS	5095 E PALM AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33602		3.4 CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, LOUIS		4.2 NAME		
STREET ADDRESS	222 FAITHWAY DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33605		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMMOND, JAMES A		5.2 NAME		
STREET ADDRESS	2505 19TH AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33607		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, ROBERT R		6.2 NAME		
STREET ADDRESS	3604 RIVERGROVE DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33610		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 617, 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

2/2/99 (813) 237-6800
Date Daytime Phone #

CR2E037 (1/1/98)