

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Feb 19 1997 8:00am
Secretary of State

DOCUMENT # P26496

(0)

OR HOME SALES, INC.



Place of Business

Mailing Address

FL
74136

4915 E 75TH PL
TULSA OK 74136-8209

3. Date Incorporated or Qualified
10/18/1989

3a. Date of Last Report
07/08/1996

4. FEI Number
73-0974806

Applied For
Not Applicable

6. 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

Principal Place of Business

2a. Mailing Address

2. Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

City & State

27 City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBERTS, DICK
13649 GRANVILLE
CLERMONT FL 32711

81 Name

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

83

84 City

FL

85 Zip Code

1. 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

Signature, typed or printed name of registered agent and title if applicable.

(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
NAME	ROBERTS, DICK	
STREET ADDRESS	490 W LAKESHORE DR.	
CITY - ST - ZIP	CLERMONT FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBERTS, PEGGY	
STREET ADDRESS	490 WEST LAKESHORE DR.	
CITY - ST - ZIP	CLERMONT FL	
TITLE	STDV	<input type="checkbox"/> DELETE
NAME	ROBERTS, RICK	
STREET ADDRESS	3509 S. SANDUSKY	
CITY - ST - ZIP	TULSA OK	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBERTS, PETE	
STREET ADDRESS	154 SEMINOLE	
CITY - ST - ZIP	CLERMONT FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBERTS, TONY	
STREET ADDRESS	490 W LAKESHORE DR.	
CITY - ST - ZIP	CLERMONT FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/97

Date

918-298-8137

Daytime Phone #

CR2E034 (9/96)