

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000002165 (8)

1. Corporation Name

PREMIERE PROPERTIES AND HOMES, INC.

Principal Place of Business

3419 APALACHEE PKY
SUITE B
TALLAHASSEE FL 32301
US

Mailing Address

3419 APALACHEE PKY
SUITE B
TALLAHASSEE FL 32301
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/05/1992

3a. Date of Last Report

02/10/1994

4. FEI Number

59-3150423

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 § 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

1961 Raymond Tucker Road

26

Suite, Apt. #, etc.

27

City & State

28

Tallahassee, FL

29

Zip

Country

30

Leon

9. Name and Address of Current Registered Agent

SIMMONS, JOHN
1961 RAYMOND TUCKER RD
TALLAHASSEE FL 32311

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 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 of agent or secretary of corporation and the chief officer

(NOTE: Registered Agent signature required when resigning)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY	ST	ZIP
	PVPS				
	SIMMONS, JOHN	1961 RAYMOND TUCKER RD	TALLAHASSEE	FL	
TITLE	NAME	STREET ADDRESS	CITY	ST	ZIP
TITLE	NAME	STREET ADDRESS	CITY	ST	ZIP
TITLE	NAME	STREET ADDRESS	CITY	ST	ZIP
TITLE	NAME	STREET ADDRESS	CITY	ST	ZIP
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TITLE	NAME	STREET ADDRESS	CITY	ST	ZIP
TITLE	NAME	STREET ADDRESS	CITY	ST	ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	Change	Addition
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	Change	Addition
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	Change	Addition
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	Change	Addition
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP	Change	Addition

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 110.07(3)(k), Florida Statutes. I further certify that the information included 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 for 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:

John Simmons
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 904-878-6666
(Signature) (Phone #)