

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

1961 RAYMOND TUCKER RD.
SUITE B
TALLAHASSEE FL 32311
US

2. Principal Place of Business

2a. Mailing Address

21. State - Apalachee

26. State - Apalachee

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

SIMMONS, JOHN
1961 RAYMOND TUCKER RD
TALLAHASSEE FL 32311

3. Date Incorporated or Qualified
11/05/1992

3a. Date of Last Report
05/01/1995

4. FEE 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 s. 199.032,
Florida Statutes

☒ Yes ☐ No

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 607.04(1) and 607.15(3)(b), 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 Sections 607.04(1) and 607.15(3)(b), Florida Statutes.

SIGNATURE

Signature of Registered Agent or Secretary or Treasurer

Signature of Registered Agent or Secretary or Treasurer

Signature

12. OFFICERS AND DIRECTORS

1. NAME
PVPS
SIMMONS, JOHN
2. STREET ADDRESS
1961 RAYMOND TUCKER RD
3. CITY, STATE
TALLAHASSEE FL

☐ DELETE

4. NAME
5. STREET ADDRESS
6. CITY, STATE
7. NAME
8. STREET ADDRESS
9. CITY, STATE
10. NAME
11. STREET ADDRESS
12. CITY, STATE

☐ DELETE

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13. NAME
14. STREET ADDRESS
15. CITY, STATE
16. NAME
17. STREET ADDRESS
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21. CITY, STATE

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33. CITY, STATE

34. NAME
35. STREET ADDRESS
36. CITY, STATE
37. NAME
38. STREET ADDRESS
39. CITY, STATE

40. NAME
41. STREET ADDRESS
42. CITY, STATE
43. NAME
44. STREET ADDRESS
45. CITY, STATE

SIGNATURE:

John Simmons
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 17, 1995
DATE
904 878-6666
TELEPHONE NUMBER

CR2E034 (12/95)