

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JUL 21 AM 9:12

DOCUMENT # P92000007930 (0)

1. Corporation Name

PAT MCCRAY CUSTOM HOMES, INC.



Principal Place of Business

TWO SAWGRASS VILLAGE
SUITE 1
PONTE VERDE BEACH FL 32082
US

Mailing Address

TWO SAWGRASS VILLAGE
SUITE 1
PONTE VEDRA BEACH FL 32082
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/30/1992

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3157626

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 105 Solana Rd.

Suite, Apt. #, etc.

22 Suite C

City & State

23 Ponte Vedra, FL

Zip

24 32082

Country

25 US

2a. Mailing Address

26 105 Solana Rd.

Suite, Apt. #, etc.

27 Suite C

City & State

28 Ponte Vedra, FL

Zip

29 32082

Country

30 US

9. Name and Address of Current Registered Agent

MCCRAY, PAT
2 SAWGRASS VILLAGE
PONTE VEDRA FL 32082

10. Name and Address of New Registered Agent

81 Name

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

105 Solana Rd., Suite C

83

84 City

Ponte Vedra

FL

85 Zip Code

32082

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME MCCRAY, PAT
STREET ADDRESS 2 SAWGRASS VILLAGE STE. 1
CITY-ST-ZIP PONTE VEDRA BCH. FL 32082

TITLE VP ☒ DELETE

NAME ROBERTS, JUANITA
STREET ADDRESS 2 SAWGRASS VILLAGE STE. 1
CITY-ST-ZIP PONTE VEDRA BCH. FL 32072

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

105 Solana Rd., Ste. C
Ponte Vedra, FL 32082

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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****165.00 ****165.00

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

97 7/23

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

7/14/97 904-285-5779

CR2E034 (4/97)