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

STREET ADDRESS

Block 12 or Block 13 if char

, or on an attachment with an address.

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PROFIT Jul 23 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Socretary of State 1**9**98 DIVISION OF CORPORATIONS DOCUMENT #
1. Corporation Name P92000007930 (0) PAT MCCRAY CUSTOM HOMES, INC. Principal Place of Business Mailing Address 105 SOLANA ROAD, SUITE C 105 SOLANA ROAD, SUITE C PONTE VERDE FL 32082 PONTE VERDE FL 32082 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/30/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3157626 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zφ Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MCCRAY, PAT 105 SOLANA ROAD, SUITE C 82 Street Address (P.O. Box Number is Not Acceptable) PONTÉ VERDE FL 32082 83 84 City 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, type for protect name of regularity agost and tide if applicable (NOTE Registered Agord signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELFTE 1.1 TITLE Change Addition NAME MCCRAY, PAT 1.2 NAME 105 SOLANA ROAD, SUITE C STREET ADDRESS 1.3 STREET ADDRESS PONTE VERDE FL 32082 CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE Change \_\_\_ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS City-St-76 2. 4 CITY - ST - ZIP DELLIE TITLE 3.1 T/TLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TILLE ddition NAME 4. 2 NAMI STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY-ST-ZIP DELFTE TITLE 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DEFELE TITLE 6.1 TITLE Change Addition 200002602182 NAME 6.2 NAME

6.3 STREET ADDRESS

6.4 CHY-S1-ZIP 14. Thereby 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

**FILED** 

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\*\*\*150.00





July 16, 1998

Florida Dept. Of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Ref. Number: P92000007930 Letter Number: 898A000035491

To Whom it May Concern;

Please see the attached letter, annual report package and check. I am re-submitting this for a second time per the Division of Corporations instructions. As stated in my first letter, dated 6/4/98 - I did not receive the enclosed annual report package in the mail until after the submittal deadline.

According to your above-referenced letter, my submitted documents were damaged and not suitable for processing. I am therefore re-submitting with my original check for \$150.00

Thank you for your attention to this matter. If there are any questions, please call me at 904-285-5779.

Sincerely,

Pat McCray