

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

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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P93000020967 (4)**

1. Corporation Name

MARIAH HOMES INC.

Principal Place of Business

**8282 WESTERNWAY CR.
SUITE 241
JACKSONVILLE FL 32256**

Mailing Address

**8282 WESTERNWAY CR.
SUITE 241
JACKSONVILLE FL 32256**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/17/1993

3a. Date of Last Report

04/29/1994

4. FEI Number

59-3172555

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 has liability for intangible tax under S. 199.022,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 9428 Baymeadows Rd

Suite, Apt. #, etc.

22 Ste. 120

City & State

23 Jacksonville FL

Zip

Country

24 32256 25 US

2a. Mailing Address

26 9428 Baymeadows Rd

Suite, Apt. #, etc.

27 Ste. 120

City & State

28 Jacksonville FL

Zip

Country

29 32256 30

9. Name and Address of Current Registered Agent

**LEE, JAMES H
5111-6 BAYMEADOWS RD.
SUITE 384
JACKSONVILLE FL 32217**

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE
P
NAME
LEE, JAMES
STREET ADDRESS
5111-C BAYMEADOWS RD., SUITE 384
CITY - ST - ZIP
JACKSONVILLE FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

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 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

James H. Lee

4/25/95

504-271-8774