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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000070819 (6) DOCUMENT # 1. Corporation Name

DAVID MOODY CUSTOM HOMES, INC.

FILED Apr 24 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address			
1113 ALMOND TREE CIRCLE 1113 ALMOND TREE CIRCLE			.E		
		ORLANDO FL 32835		DO NOT WRITE IN THIS SPACE	
					S SFACE
				3. Date Incorporated or Qualified	
				10/12/1993	
2. Principal Pi	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 /8/6	O Canyow Lk. Circle	26 P.O. Box	616705	<u>59-3204390</u>	Not Applicable
Suite, Apt H	#, etc. /	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 0	audo FL	28 Octando	, 7-6	Trust Fund Contribution L.	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24 328		29 32861 34	0 05	Personal Property Tax due June 30.	∐ Yes ☐ No
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
MOODY, D. DAVID					
1113 ALMOND TREE CIRCLE				ddress (P.O. Box Number is Not Acceptable)	
ORLANDO FL 32835				70 Canyon LK. CM	rele 1
U 1	EDVIDO I E GEGGG		83		
			84 City	Jan da F	L 85 Zip Code 35
44 5	the maining of Contant CO2 05 00	and 607 1509. Florida Ptatutos	the above person of	orporation submits this statement for the purpose	
office or re	anietared amont or both in the State of	i Florida. Such channa was aut	horized by the corno	oration's board of directors. I hereby accept the a	appointment as registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE					
.,,,	Signature, type-d or printed name of registered agent is		legistored Agent signature to		
12.	OFFICERS AND I		13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
TITLE	PDST	☐ DELETE	1.1 TITLE		Change Change
NAME	MOODY, D. DAVID		1.2 NAME		
STREET ADDRESS	1113 ALMOND TREE CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32835		1.4 City - ST - ZiP		
TITLE	PDST	☐ DELE TE	2.1 1ITLE		Change Addition
NAME	MANDY D. David		22 NAME		
STREET ADDRESS	7070 CAMMY LK ST	·~	2.3 STREET ADDRESS		
CITY-ST-ZIP	Moody, D. David 7870 Canyon LK. CI Orlando FL 3	クタマグ	2. 4 CITY-ST-ZIP		
TITLE	Children in 2	DELETE	3.1 TITLE		Change Addition
			3.2 NAME		
NAME OTOTET ADDRESS			3.3 STREET ADDRESS		
STREET ADDRESS					
CITY-ST-ZIP		□ nerete	3.4. CITY - ST - ZIP		Change Addition
TITLE		☐ DELETE	4,1 TITLE		□ Citalige □ Addition
NAME			: 4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	61 TITLE		Change Addition
			6.2 NAME		
NAME					
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6 4 CITY-ST-ZIP	0 0 0 000 00 Charles Charles 17 00 00	a sa tife that the information
14. I hereby o	pertify that the information supplied with	this filing does not qualify for	the exemption stated	in Section 119.07(3)(i), Florida Statutes. I furthe	r 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 a 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, an attachment with an address.