


FILED
May 19, 1999 8:00 am
Secretary of State

05-19-1999 90011 002 ***600.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P93000074297

1. Corporation Name

FLORIDA LIFESTYLE HOMES, INC.

Principal Place of Business

8351 WESTPORT ROAD
JACKSONVILLE FL 32244

Mailing Address

8351 WESTPORT RD.
JACKSONVILLE FL 32244
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/18/1993

4. FEI Number

59-3210096

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 Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

TOWERS, JOHN B
8351 WESTPORT ROAD
JACKSONVILLE FL 32244

10. Name and Address of New Registered Agent

81 Name

William J. Ash, III

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

7800 Belfort Parkway #200

83

Jacksonville, FL 32256

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	TOWERS, WILLIAM B JR	
STREET ADDRESS	1622 AVONDALE AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	TOWERS, JOHN B	
STREET ADDRESS	1534 AVONDALE AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	HACKER, VICTOR	
STREET ADDRESS	8351 WESTPORT RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	William J. Ash, III	
1.3 STREET ADDRESS	7800 Belfort Parkway #200	
1.4 CITY-ST-ZIP	Jacksonville, FL 32256	
2.1 TITLE	VT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	William R. Lanius	
2.3 STREET ADDRESS	7800 Belfort Parkway #200	
2.4 CITY-ST-ZIP	Jacksonville, FL 32256	
3.1 TITLE	VS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	John D. Hourihan	
3.3 STREET ADDRESS	7800 Belfort Parkway #200	
3.4 CITY-ST-ZIP	Jacksonville, FL 32256	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William J. Ash, III
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)