

**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

APPROVED  
AND  
FILED

98 JAN 20 PM 3:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000005194 (3)**

1. Corporation Name  
**INGLE HOMES, INC.**



Principal Place of Business

Mailing Address

**4108 BAMBOO TERRACE  
BRADENTON FL 34210  
US**

**P.O. BOX 14730  
BRADENTON FL 34280**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/08/1994**

4. FEI Number

**65-0471928**

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 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

2a. Mailing Address

**21 7504 Westwood DR.**

**26 P.O. BOX 919**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

**23 Ellenton FL**

Zip

Country

**24 34222**

25

27 City & State

**28 Ellenton FL**

Zip

Country

**29 34222**

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**INGLE, BARBARA A  
9108 17TH DRIVE N.W.  
BRADENTON FL 34209**

81 Name

**(same)**

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

**7504 Westwood DR**

83

84 City

**Ellenton**

**FL**

85 Zip Code

**34222**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**NAME  
INGLE, BARBARA A  
STREET ADDRESS  
P.O. BOX 14730 N/A  
CITY-ST-ZIP  
BRADENTON FL**

1.1 TITLE

**(same)**

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

1.2 NAME

**P.O. BOX 919 N/A**

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**Ellenton, FL 34222**

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE **Barbara A. Ingle, P.O.**

**1-1-98 (244) 933-3912**

CR2E034 (10/97)