

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90042 020 ***150.00

DOCUMENT # P94000005682

1. Corporation Name
MEDALLION HOMES, INC.

Principal Place of Business
1609 BALIHAI CT
GULF BREEZE FL 32561
US

Mailing Address
1609 BALIHAI CT
GULF BREEZE FL 32561
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/24/1994

4. FEI Number
59-3220259

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1106 LAGUNA LANE
Suite, Apt. #, etc.

26 1106 LAGUNA LANE
Suite, Apt. #, etc.

22 GULF BREEZE, FL
City & State

27 GULF BREEZE, FL
City & State

23 32561 USA
Zip Country

28 32561 USA
Zip Country

24

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRANZ, JON A
1609 BALIHAI CT
GULF BREEZE FL 32561

81 Name

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

1106 LAGUNA LANE

GULF BREEZE, FL

84 City

FL 85 Zip Code
32561

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 P
NAME FRANZ, JON A
STREET ADDRESS 1609 BALIHAI CT
CITY-ST-ZIP GULF BREEZE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 1106 LAGUNA LANE
1.4 CITY-ST-ZIP GULF BREEZE, FL 32561

TITLE VP
NAME FRANZ, SANDRA L
STREET ADDRESS 1609 BALIHAI CT
CITY-ST-ZIP GULF BREEZE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 1106 LAGUNA LANE
2.4 CITY-ST-ZIP GULF BREEZE, FL 32561

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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 607, 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: JON A. FRANZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/99
Date

(950) 932-5064
Daytime Phone #

CR2E034 (11/98)