## 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

DOCUMENT # P94000022920 (0)

TEKA HOMES, INC.

## **FILED** May 15 1998 8:00am Secretary of State

Purpose   Piece of Business   Purpose   Purp						
Principle Proce of Eucliness   24, Maning Address   4, EFE Number   Sep323422   Note   Note Application   Note Application   Sep 3232422   Note   Note Application   Note Application   Note	P.O. BOX 701323		P.O. BOX 701323			
Subject   Subj						
Suite April 4, etc.   Suite		ace of Business	} <sub>1</sub>			
City   State   Country   28   Country   28   Country   29   Country   29   Country   29   Country   29   Country   29   30   Country   29   30   Personal Procession owers or has paid the current year rightly block   70   29   30   Personal Procession   70   20   Personal Procession   70	Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
Zip Country 2p Country 2p Country 2p Country 2p Country 4p Change 1 Change Address of Current year (tagnopies 2p Sol Name and Address of Current Registered Agent	City & State	•	City & State			
Name and Address of Current Registered Agent   91   Name and Address of New Registered Agent   7   7   24\$T 17TH STREET   5T. CLOUD FL 34769   58   58   58   58   58   58   58   5	Zip	<b>⊢</b> ¬ ′	Zip	´	8. This corporation owes or has paid the	current year Intangible
HOWSE, RON 7 EAST 17TH STREET ST. CLOUD FL 34769  82 Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 607 0509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, on both, in the State of Leads Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, on both, in the State of Leads Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, on both, in the State of Leads Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent agent agent agent registered agent agen	24			1301		
T. E.   Control   Contro	HO			81 Name	(a) traine and tradition of train (108) of the	
ST. CLOUD FL 34789    Ball   City   FL   Bb   Zip Code				L		
### PLANS AND CONTROL FOR AND				82 Street Add	ress (P.O. Box Number is Not Acceptable)	
The pursuant to the provisions of Sections 607 0500 and 607 1508 Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered organ; or both, in the State of Lindin Such change was authorized by the corporation's board of directors. I hereby accopt the appointment es registered agent, or both, in the State of Lindin Such change was authorized by the corporation's board of directors. I hereby accopt the appointment es registered agent, or both, in the State of Lindin Such change was authorized by the corporation's board of directors. I hereby accopt the appointment es registered agent, or both, in the State of Lindin Such change was authorized by the corporation's board of directors. I hereby accopt the appointment es registered agent, or both, in the State of Lindin Such change was authorized by the corporation's board of directors. I hereby accopt the appointment es registered agent, or both.  It is a possible to the state of the appointment es registered agent, or both.  It is a possible to the state of the change as statutos.  It is a possible to the state of the corporation's board of directors. I hereby accopt the observed accopt the observed as statutos.  It is a possible to the state of the corporation's board of directors. I hereby accopt the observed as statutos.  It is a possible to the state of the corporation's board of directors. I hereby accopt the observed as statutos.  It is a possible to the state of the state of the state of the state of the corporation's board of directors. I hereby accopt the observed as statutos.  It is a possible to the state of the state of the corporation's accopt the observed as statutos.  It is a possible to the state of the corporation's accopt	01.	00000 12 01100		83	<del></del>	
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1.   Present to The provisions of School and 607 1508   Floridia Stitutos, the above named corporation submits this statement for the purpose of changing its registered apoint. I am familiar with, and accept the obligations of Section 607 0505, Florida Statutos.    SIGNATURE				84 City		85 Zip Code
SIGNATURE	11. Pursuant i	a the provisions of Sections 607 0502	2 and 607 1508. Florida Sta	atutes, the above-named corr		
Signature   Sign	office or re	egi <b>ste</b> red agent, or both, in the State	of Florida, Such change w	as authorized by the corpora	tion's board of directors. I hereby accept the a	appointment as registered
12	_	m t <b>a</b> millar with, and accept the obliga	mons of, Section 607.0505	, Florida Statutes.		
13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	SIGNATURE	Signature, typed or protect name of regulation ages	Tana Red applicable (	NOTE Projected Agent's grature requi	ired when reinstating) DATI	
NAME		<del></del> * · · · · · · · · · · · · · · · · · ·				
STREET ADDRESS   P.O. BOX 701323   N/A	TITLE	_	DELETE	11 TITLE		Change Addition
ST. CLOUD FL 34770	NAME			1.2 NAME		
DELETE   DELETE   21 TITLE   Change   Addition     NAME   22 NAME     STREET ADDRESS   23 STREET ADDRESS     CITY-ST-ZIP   Change   Addition     NAME   32 NAME     STREET ADDRESS   33 STREET ADDRESS     CITY-ST-ZIP   34 CITY-ST-ZIP     TITLE   DELETE   11 TITLE   Change   Addition     NAME   42 NAME     STREET ADDRESS   33 STREET ADDRESS     CITY-ST-ZIP   34 CITY-ST-ZIP     TITLE   DELETE   41 TITLE   Change   Addition     NAME   42 NAME     STREET ADDRESS   33 STREET ADDRESS     CITY-ST-ZIP   44 CITY-ST-ZIP     TITLE   DELETE   STITLE   Change   Addition     NAME   STREET ADDRESS   STREET ADDRESS     CITY-ST-ZIP   SA CITY-ST-ZIP     TITLE   DELETE   STITLE   Change   Addition     NAME   STREET ADDRESS   SA STREET ADDRESS     CITY-ST-ZIP   SA CITY-ST-ZIP     TITLE   DELETE   STITLE   Change   Addition     NAME   STREET ADDRESS   SA STREET ADDRESS     CITY-ST-ZIP   SA CITY-ST-ZIP     CITY-ST-ZIP   CITY-ST-ZIP     CITY-ST-ZIP   CHANGE   CHANGE     CITY-ST-ZIP   CHANGE   CHANGE   CHANGE     CITY-ST-ZIP   CHANGE   CHANGE   CHANGE   CHANGE     CITY-ST-ZIP   CHANGE   CHANGE   CHANGE   CHANGE     CITY-ST-ZIP   CHANGE	STREET ADDRESS			13 STREET ADDRESS		
TITLE	CITY-ST-ZIP	ST. CLOUD FL 34770		1.4 City-ST-ZIP		
23 STREET ADDRESS   2.4 CTTY-ST-ZIP   2.4 CTTY-ST-ZIP   2.4 CTTY-ST-ZIP   2.4 CTTY-ST-ZIP   2.4 CTTY-ST-ZIP   2.4 CTTY-ST-ZIP   2.5 CTTY			☐ DELFTE	2.1 TITLE		Change Addition
2 + CITY - ST - ZIP	NAME			2.2 NAME		
TITLE	STREET ADDRESS			2 3 STREET ADDRESS		
NAME	CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
3.3 STREET ADDRESS   3.4 CHY-S1-ZIP	TITLE		☐ DELETE	3.1 TITLE		Change Addition
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TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME	STREET ADDRESS			3.3 STREE1 ADDRESS		
NAME	CITY-ST-ZIP			3.4. CITY - \$1 - ZIP		
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CITY-ST-ZIP 64 CITY-S1-ZIP	STREET ADDRESS			6.3 STREET ADDRESS		
	CITY-ST-ZIP			6.4 CITY- ST - ZIP		

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 on 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 or an attachment with an address.

4/25/98 . 32 . 8