## 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

## DOCUMENT # P9400038333

HEATHER HOMES REALTY, INC.

Principal Place of Business	Mailing Address	
P.O. BOX 3087 APOPKA FL 32703	P.O. BOX 3087 APOPKA FL 32703	

## May 05, 1999 8:00 am Secretary of State

05-05-1999 90053 037 \*\*\*150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/16/1994 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 26 P. O. BOX 1802 Not Applicable P.O.BOX 1802 59-3249816 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible ₽Ko Personal Property Tax. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BROWNLOW, JOSEPH H 82 Street Address (P.O. Box Number is Not Acceptable) 10014 BEAR LAKE ROAD Hickory Lane APOPKA FL 32703 83 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 607.050S, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE ☐ Change 1.1 TITLE TITLE BROWNLOW, HEATHER L 1.2 NAME NAME 10014 BEAR LAKE ROAD 1.3 STREET ADDRESS STREET ADDRESS APOPKA FL 32703 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADORESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 31 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETÉ 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 517ITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CiTY-ST-7IP CITY-ST-ZIP 6.1 TITLE Change Addition TITLE DELETE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP.

SIGNATURE AND TY

4/29/99 (407) 862-6686
Date Davimb Phono #

CR2E034 (11/98)