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

PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

Apr 29 1998 8:00am

Secretary of State

1998 DOCUMENT # P94000054200 (8)

PALM COAST HOME BUILDERS OF SOUTH FLORIDA, INC.

Principal Place of Business Mailing Address 8211 BAMA LANE P.O. BOX 210396 ROYAL PALM BEACH FL 33421 WEST PALM BEACH FL 33411 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/19/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0504929 Not Applicable Suite. Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Regulred City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zφ Country Country 8. This corporation owes or has paid the current year Intangible 25 30 Personal Property Tax due June 30. ☐ Yes 9.. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PARENTE, WENDY A 179 DOROTHY DR. 82 **WEST PALM BEACH FL 33415** 83 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 Horida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am I military with and accept the obligations of, Section 607.0505, Florida Statutes. 4.22-98 Pres. SIGNATURE me of registered agent and title it approable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 4 DELETE TITLE 1.1 TITLE RS TO Change Addition PARENTE, WENDY A NAME 1.2 NAME Mi Chael 179 DOROTHY DR. STREET ADDRESS 1.3 STREET ADDRESS WEST PALM BEACH FL 33415 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 21 TITLE Addition NAME Carter, Philip R JR 22 NAME 179 DOROTHY DR. STREET ADDRESS 23 STREET ADDRESS **WEST PALM BEACH FL 33415** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE ☐ Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP TITLE □ DELETE 4.1 TITLE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 51 TRLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELET**E** TITLE 61 THILE Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 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.