


2-24-98 B 2430 C  
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Feb 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000056956 (3)

1. Corporation Name  
KEYSTONE HOMES, INC.

Principal Place of Business

4014 W DELEON ST  
TAMPA FL 33609  
US

Mailing Address

4014 W DELEON ST  
TAMPA FL 33609  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/02/1994

4. FEI Number

59-3259522

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

21 3611 W. SWANN AVE

Suite, Apt. #, etc.

22 Suite 100

City & State

23 TAMPA, FL

Zip

24 33609

Country

25 USA

2a. Mailing Address

26 3611 W. SWANN AVE

Suite, Apt. #, etc.

27 Suite 100

City & State

28 TAMPA, FL

Zip

29 33609

Country

30 USA

9. Name and Address of Current Registered Agent

MCCLAIN, WAYNE A  
4014 W. DELEON ST.  
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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. I am the registered agent of the corporation. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered  
agent. I am the registered agent of the corporation. I am the registered agent of the corporation. I am the registered agent of the corporation. I am the registered agent of the corporation.  
NA - SAME

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

TITLE ☐ DELETE

NAME P  
STREET ADDRESS MCCLAIN, WAYNE A  
CITY-ST-ZIP 4014 W. DELEON ST.  
TAMPA FL

TITLE ☐ DELETE

NAME V  
STREET ADDRESS BLANTON, ROBERT E  
CITY-ST-ZIP 3006 MARQUETTE AVE  
TAMPA FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 assignee of the corporation; and that I am 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 my address.

SIGNATURE

(WAYNE A. McCLAIN) President 2/16/98 (813) 876-5000

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