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Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000064653 (6)
1. Corporation Name

SELECT HOMES OF JACKSONVILLE, INC.



Principal Place of Business

Mailing Address

3491 PALL MALL DRIVE
STE. 106
JACKSONVILLE FL 32257

3491 PALL MALL DRIVE
STE. 106
JACKSONVILLE FL 32257-5462

2. Principal Place of Business

21 3491 PALL MALL DR

Suite, Apt. #, etc.

22 STE 204

City & State

23 JACKSONVILLE, FL

Zip

24 32257

Country

25 USA

2a. Mailing Address

26 3491 PALL MALL DR

Suite, Apt. #, etc.

27 STE 204

City & State

28 JACKSONVILLE, FL

Zip

29 32257

Country

30 USA

3. Date Incorporated or Qualified

08/30/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3273713

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

HOPSON, R D
3491 PALL MALL DRIVE SUITE 106
JACKSONVILLE FL 32257

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, 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

R.D. Hopson

R.D. Hopson-President

4/21/97

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 P ☒ DELETE

NAME COLLINS, KATHLEEN H
STREET ADDRESS 3491 PALL MALL DRIVE, STE. 106
CITY-STATE-ZIP JACKSONVILLE FL 32257-5462

TITLE V ☒ DELETE

NAME HOPSON, R D
STREET ADDRESS 3491 PALL MALL DRIVE, STE. 106
CITY-STATE-ZIP JACKSONVILLE FL 32257-5462

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition

1.2 NAME R. Darrell Hopson
1.3 STREET ADDRESS 3491 Pall Mall Dr, Ste. 204
1.4 CITY-STATE-ZIP Jacksonville, FL 32257

2.1 TITLE President ☒ Change ☐ Addition

2.2 NAME Carol A. Hopson
2.3 STREET ADDRESS 3491 Pall Mall DR, Ste 204
2.4 CITY-STATE-ZIP Jacksonville, FL 32257

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do 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.

SIGNATURE: *R. Darrell Hopson* R. Darrell Hopson-President

4/21/97 004-202 0802

CR2E034 (9/96)