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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

CITY - ST - ZIP



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 27 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400085606 (9)

TYLER HOMES OF POLK COUNTY, INC. Principal Place of Business Mailing Address 5397 N SOCRUM LOOP RD 5397 N SOCRUM LOOP RD LAKELAND FL 33809 LAKELAND FL 33809 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/23/1994 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0549201 Not Applicable Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Flection Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. X Yes □No 29 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TYLER, DONNIE L 5397 N SOCRUM LOOP RD 82 Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33809 83 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 (NOTE: Registered Agent signature required when reinstating) Signature, typod or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE Change Addition 1.1 TITLE NAME TYLER, JANICE 1.2 NAME 5397 N SOCRUM LOOP RD STREET ADDRESS 1.3 STREET ADDRESS LAKELAND FL 33809 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 21 TITLE Change Addition NAME TYLER, DONNIE L 2.2 NAME STREET ADDRESS 5397 N SOCRUM LOOP RD 2.3 STREET ADDRESS LAKELAND FL 33809 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Addition TITLE ☐ Change 4.1 TITLE NAME 4. 2 NAME 800002538128 -05/28/98--01013--007 STREET ADDRESS 4.3 STREET ADDRESS \*\*\*550.80 CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TIT) F 5.1 TITLE Addition NAME 52 NAME STREET ADDRESS 5.3 STHEET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETÉ TITLE 6.1 TITLE Change Addition NAME 6.2 NAME

14. Thereby 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.

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SMATURE. STUDIES STORY STORY STUDEN V PRES 5/1/98 941-889