

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000088576 (1)

1. Corporation Name

FRIENDLY HOMES OF THE SOUTH, INC.

Principal Place of Business

340 FARNOL ST. S.W.
WINTER HAVEN FL 33880

Mailing Address

340 FARNOL ST. S.W.
WINTER HAVEN FL 33880-3352

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

24 Country

9. Name and Address of Current Registered Agent

SHORETTE, MICHAEL C
289 WHITE CLIFF BLVD
AUBURNDALE FL 33823

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME SHORETTE, MICHAEL C
STREET ADDRESS 1001 LAKE JESSIE DR.
CITY-ST-ZIP WINTER HAVEN FL 33881

1.1 TITLE P, V, T, S
1.2 NAME Shorette, Michael C.
1.3 STREET ADDRESS 289 White CLIFF BLVD.
1.4 CITY-ST-ZIP Auburndale, FL 33823

Change Addition

TITLE V
NAME LAWTON, PAUL
STREET ADDRESS 334 COMMERCE CT.
CITY-ST-ZIP WINTER HAVEN FL 33880

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0301847

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