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

PROFIT CORPORATION **ANNUAL REPORT**

1998

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000089004 (3)

INFINITY HOMES OF HERNANDO, INC.

Principal Place of Business Mailing Address 10177 CORTEZ BLVD 10177 CORETZ BLVD **BROOKSVILLE FL 34613 BROOKSVILLE FL 34613** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/08/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3280448 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes No 25 30 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CLARK, THOMAS C 264 HAMPSHIRE AVE. 82 Street Address (P.O. Box Number is Not Acceptable) SPRINGHILL FL 34606-5446 63 84 City 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PST TITLE DELETE 1.1 TITLE Change Addition CLARK, THOMAS C NAME 1.2 NAME 264 HAMPSHIRE AVE. STREET ADDRESS 1.3 STREET ADDRESS SPRING HILL FL 34606 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE ☐ Change 2.1 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 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 Change 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change ___ Addition

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 suppliemental 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 trusted 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.

THOMAS CLARK THOMAS CLARK 03/31/08

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

FILED

Apr 15 1998 8:00am

Secretary of State