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

CORPORATION ANNUAL REPORT

1997



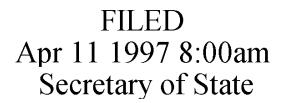
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P95000000300 (0)

LEGACY HOMES, INC.





Principal Plac	ce of Business	Mailing Address						
8225 DEELAK TALLAHASSE		PO BOX 15406 TALLAHASSEE FL 32317	7-5406					
					3. Date Incorporated or Qualified	3a. Date		eport
0 December 11	Olors of Et vices	Los Mailles Andress			01/03/1995 4. FE! Number	05/01		· IF
·1	Place of Business	2a. Mailing Address 26 6753 Thomasville Rd			Į.			plied For
Suite, Apt	t # ole	26 6753 Th.	フネジベラベ	118 80	59-3286752			ot Applicable Additional
22		27 Suite 10	8 -23	2	5. Certificate of Status Desired		Fee Re	quired
City & Sta	ate	City & State 28 Callabase	see. I	FI	6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added (
Zφ	Country	Zip	Count	ry	8. This corporation has flability for	intangible tax	under s.	199.032,
24	25	29 32312	30 L	eon_		Yes 🖳		
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New R	egistered Age	int	
CC	ONNER, ALBERT J]6	Name				
	29 SWALLOWTAIL TRACE) <u>e</u>	2 Street Add	iress (P.O. Box Number is Not Accepta	þle)		
TALLAHASSEE FL 32308				12	490 Doerlake Rd			
]8	3				
			Ē	4 City	7211.	FL	5 Zip	Code
11. Pursuan	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	utes, the abo	ve-named cor	poration submits this statement for the	purpose of ch	anging it	s registered
office or	registered agent, or both, in the State	of Florida, Such change was	authorized	by the corpora	ation's board of directors. I hereby acce	pt the appoint	ment as	registered
	1/1/	ations of, bootion boy tobos, i	londa blato			7-4-9	7	
SIGNATURE	Stip of the types or profequation of registered age	nt and title it applicable (NC	DIE: Registered /	gent signature requ	lired when reinstaling)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF			
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NAMI	CONNER, ALBERT J		1.2 NAN	DE [
STREET ADDRESS	(1.3 STRI	ET ADDRESS	2490 Deerlake Rd		_	
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		[_] DELETE	5.2 NAM 5.3 STR	iE		1	•	
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STREET ADDRESS CITY-ST-ZE			5.2 NAM 5.3 STRI 5.4 CITY	EET ADDRESS (-ST-ZIP			Change	Addition
STREET ADDRESS CITY-ST-ZP TITLE			52 NAM 53 STRI 54 CITY 6.1 TITL 62 NAM	EET ADDRESS (-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		Change	Addition
STREET ADORESS CITY-ST-Z-P TITLE NAME			5.2 NAM 5.3 STRI 5.4 CITY 6.1 TITL 6.2 NAM 6.3 STRI	EET ADDRESS (-ST-ZIP E			Change	Addition

I formation indicated on this annual report of upper many access not quality in the exemption stated in section 118.07(5)(f). Florida Statutes. Infirm that reference in a firm and indicated on this annual report of upper many 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if change I, If pages an attachment with an address.

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