

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000009384

1. Corporation Name

LEXINGTON HOMES, INC.

Principal Place of Business

11026 LAKEVIEW DR
NEW PORT RICHEY FL 34654
US

Mailing Address

P O BOX 670
PORT RICHEY FL 34673
US

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90092 031 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/03/1995

4. FEI Number

59-3293525

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 owes the current year intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 5623 U.S. Hwy 19

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 201

27

City & State

City & State

23 New Port Richey FL

28

Zip

Country USA

Zip

Country

24 34652

25

Country USA

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FIEBE, CRAIG
11046 LAKEVIEW DR
NEW PORT RICHEY FL 34654

4

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

34654

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.

CRAIG FIEBE, VICE PRESIDENT

1/4/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

V
NAME FIEBE, CRAIG J
STREET ADDRESS 11046 LAKEVIEW DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34654

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

P
NAME GALLAGHER, CRAIG S
STREET ADDRESS 5026 WESTSHOR DR
CITY-ST-ZIP NEW PORT RICHEY FL 34652

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

13734 FOREST RIDGE CT.
HUDSON, FL 34667

TITLE ☒ DELETE

V
NAME BEELER, LARRY L
STREET ADDRESS 4682 EBBTIDE LN
CITY-ST-ZIP PORT RICHEY FL 34668

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:  CRAIG GALLAGHER, PRES. 1/4/99 (727) 816-9351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)