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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

Principal Place of Business

P95000025059 (3)

Mailing Address

REDI HOMES USA, INC.

WEST PALM BEACH FL 33415		WEST PALM BEACH FL 33415		DO NOT WRITE IN THIS SPACE		
					 Date Incorporated or Qualified 03/29/1995 	
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4, FEI Number	Applied Fo
21		26	26		65-0567986	Not Applic
Suite, Apt. #, etc.		Suite, Apl. #, et			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	r		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zıp 24	Country 25	7 p	30	ntry	This corporation owes or has paid the c Personal Property Tax due June 30.	urrent year Intangible Yes No
g, Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
AMERILAWYER				81 Name		
343 ALMERIA AVE. CORAL GABLES FL 33134				82 Street Address (P.O. Box Number is Not Acceptable)		
			•	63		
44.0				84 City	Fi	85 Zip Code

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, type for printed manage of registrate Lagent modulor if applicable (NCHE Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	P	1.1 TITLE	☐ Change ☐ Addition				
NAME	GILLIKIN, JACOB W	1.2 NAME					
STREET ADDRESS	388 SOUTH MILITARY TRAIL	1.3 STREET ADDRESS					
CITY-ST-2IP	WEST PALM BEACH FL 33415	14 CITY-ST-ZIP					
TITLE	DELETE	21 TITLE	Change Addition				
NAME		2.2 NAME					
STREET ADDRESS		2.3 STREET ADDRESS					
CITY-ST-ZIP		2.4 CITY-ST-ZIP					
TITLE	DELETE	3.1 TrTLE	☐ Change ☐ Addition				
NAME		3.2 NAME					
STREET ADDRESS		3.3 STREET ADDRESS					
CITY-ST-ZIP		3.4. CITY-ST-ZIP					
TITLE	☐ DELETE	41 TITLE	Change 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					

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 eath; 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.

6.1 TITLE

6.2 NAME

5.4 CITY - ST - ZIP

SIGNATURE:

CITY-S1-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

JACOB W. Gillikin

DELETE

1 March 1998 561-793-4884

Mar 13 1998 8:00am

Secretary of State

CR2E034 (10/97)