

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

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90003 021 \*\*\*150.00

DOCUMENT # P95000035025

1. Corporation Name

R. J. HOMES CENTRAL FLORIDA INC.



Principal Place of Business

3378 SANDY SHORE LN  
KISSIMMEE FL 34743

Mailing Address

3378 SANDY SHORE LN  
KISSIMMEE FL 34743

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1995

4. FEI Number

59-3336999

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes ☒ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 307 Majesty Drive

Suite, Apt. #, etc.

22

City & State

23 Davenport, FL

Zip

24 33837

Country

25 USA

2a. Mailing Address

26 3856 Town Center Blvd

Suite, Apt. #, etc.

27 #165

City & State

28 Orlando, FL

Zip

29 32837

Country

30 USA

9. Name and Address of Current Registered Agent

HINE, ROY  
3378 SANDY SHORE LN  
KISSIMMEE FL 34743

81 Name

Roy Hine

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

307 Majesty Drive

83

84 City

Davenport

FL

85 Zip Code

33837

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.

(NOT Registered Agent signature required when reinstating)

DATE

Roy H Hine

4-23-99

12. OFFICERS AND DIRECTORS

TITLE D  
NAME HINE, ROY  
STREET ADDRESS 3378 SANDY SHORE LN  
CITY-ST-ZIP KISSIMMEE FL 34743

☐ DELETE

TITLE D  
NAME HINE, JUDITH A  
STREET ADDRESS 3378 SANDY SHORE LN  
CITY-ST-ZIP KISSIMMEE FL 34743

☐ DELETE

TITLE AS  
NAME WILSON, JENIFER  
STREET ADDRESS 3386 SANDY SHORE LN  
CITY-ST-ZIP KISSIMMEE FL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/T  
1.2 NAME Roy Hine  
1.3 STREET ADDRESS 307 Majesty Drive  
1.4 CITY-ST-ZIP Davenport, FL 33837

☒ Change

☐ Addition

2.1 TITLE V/S  
2.2 NAME Judith A. Hine  
2.3 STREET ADDRESS 307 Majesty Drive  
2.4 CITY-ST-ZIP Davenport, FL 33837

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roy H Hine

Date

Daytime Phone #

4-23-99

CR2E034 (1/98)