


FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90121 038 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
------------------------------------------------------------------	-----------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------

DOCUMENT # P95000052644

1. Corporation Name
ALL-READY HOME REALTY, INC.



Principal Place of Business 8920 N. PALAFOX STREET PENSACOLA FL 32534 US	Mailing Address 8920 N. PALAFOX STREET PENSACOLA FL 32534
--------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 810 E. Calhoun St. Suite, Apt. #, etc.		2a. Mailing Address 810 E. Calhoun St. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/10/1995	
21. City & State Anderson SC		27. City & State Anderson SC		4. FEI Number 59-3361238	
22. Zip 29621-5011		28. Zip 29621-5011		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Country Anderson		29. Country Anderson		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Signature Williams, Jacob T		30. Signature Anderson		8. This corporation owes the current year tangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent WILLIAMS, JACOBS T 8920 1/2 N. PALAFOX STREET PENSACOLA FL 32534		10. Name and Address of New Registered Agent Same 810 E. Calhoun St. Anderson SC 29621	
------------------------------------------------------------------------------------------------------------------------------------------------	--	--------------------------------------------------------------------------------------------------------------------------------	--

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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME WILLIAMS, JACOB T	1.1 TITLE PD	1.2 NAME WILLIAMS, JACOB T
STREET ADDRESS 8920 N. PALAFOX STREET	CITY-STATE-ZIP PENSACOLA FL 32534	1.3 STREET ADDRESS 810 E. Calhoun St.	1.4 CITY-STATE-ZIP Anderson SC 29621
TITLE CORP Address	NAME Registered Agent	2.1 TITLE Address	2.2 NAME Address
STREET ADDRESS 4453 Bixby Cir	CITY-STATE-ZIP Pensacola FL 32514	3.1 TITLE Address	3.2 NAME Address
TITLE FL 32514	NAME FL 32514	4.1 TITLE Address	4.2 NAME Address
STREET ADDRESS FL 32514	CITY-STATE-ZIP FL 32514	5.1 TITLE Address	5.2 NAME Address
TITLE FL 32514	NAME FL 32514	6.1 TITLE Address	6.2 NAME Address
STREET ADDRESS FL 32514	CITY-STATE-ZIP FL 32514	7.1 TITLE Address	7.2 NAME Address
TITLE FL 32514	NAME FL 32514	8.1 TITLE Address	8.2 NAME Address
STREET ADDRESS FL 32514	CITY-STATE-ZIP FL 32514	9.1 TITLE Address	9.2 NAME Address

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 2 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

Jacob T. Williams
 Date: 2/24/2000
 Daytime Phone #

4453 Bixby Cir

CR2E034 (1/98)