## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE

ANNUAL REF <b>1996</b>	ANNUAL REPORT 1996		Secretary of State DIVISION OF CORPORATIONS								
1. Corporation Name	# P950000 Homes, Inc.										
Principal Place of Busines	s	Mailing Address 5/03 Carte Middle burg	r Spa	21CM 32C	. Roc 068	3. Da	te Incorporated or Or In 26, 1995	ualified	3a. Date o	of Last Re	port
2. Principal Place of Busi	ness	2a. Mailing Address				4. FE	Number				pplied For lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc	c.				- 53275 rtificate of Status De:		N.	\$8.75	Additional
City & State		City & State				ı.	ction Campaign Fina	_		\$5.00	May Be
<b>Z</b> ip	Country Zip			Country			This corporation has liability for intangible tax under s 199.032,				
24							rida Statutes ime and Address o	Yes		gent	
	ne and Address of Current	Hegistered Agent		81	Name	10. 11.					
JOANN PA	oemore.	Δ.		82	Stroot A	ddropp (P.O.	Box Number is Not A	ccentabl	<u>e)</u>		
5103 Ca	rter Spencer	Koad		82	Street	ddiess (F.O.	BOX NUMBER 13 NOT P		· · · · · · · · · · · · · · · · · · ·		
	rg, FL 3201			83							
	.5, 12 525			84	City					<b>85</b> Zip	Code
	risions of Sections 607,0502	1002 4500 Flexible 0	tot dee th	o obovo i	named sor	poration subr	rite this statement fo	r the nun	FL	naina its re	edistered office
I as sociatored const	ar both, in the State of Florid	a. Such change was au	morizea ov	the corp	oration's t	poration sub- loard of direc	tors. I hereby accept	the appo	pose of office pintrnent as r	egistered	agent. I am
- T A	cept the obligations of, Section	on 607.0505, Florida Sta	nutes.		റ			(	1-22.	.910	
SIGNATURE	ed or printed name of registered agent a	and the it applicable	STE: Re	oistered Ago	nt signature re	quired when rainsta			DATE		
12.	OFFICERS AND			13.		AC	DITIONS/CHANGES	TO OFFI			
TILE Pres	ident / Contrac	tor Delete		1. 1 TITLE					L	] Change	Addition
NAME ' Jol	thn Prisemon 8 Carter Spen	ری سه		1.2 NAME							
STREET ADDRESS SIG	8 Carter Spen	ar Kd.			SZERGDA T						
CITY-ST-ZIP	adleburg, FL	. 32068		1.4 CITY-5					F-	Change	Addition
		C D DOLETE								i Channe	
NAME   Rec	retary"	€ Dereig		2. 1 TITLE	ļ				L	) Change	
	Persona	{ DELETE		2.2 NAME	!				L	j Change	
STHEET ADDRESS S	Persona	{ DELETE		2.2 NAME 2.3 STREE	I ADDRESS				L	j Change	
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6.4 CITY - ST - ZIP CITY-ST-ZIP 14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 direction 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.

5 1 TITLE

52 NAME

6 1 TITLE

6.2 NAME

5 3 STREET ADDRESS

6.3 STREET ADDRESS

5 4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELE"E

DELETE

SIGNINO OFFICER OR DIRECTOR PRIDEMORE / PRISIDENT 4-22-96

\*\*\*200.00

300001798673 -04/29/96--01045--044

(904)291-Z000

☐ Change

Addition

Addition

CR2E034 (12/95)