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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000057627 (8)

PRIDE HOMES, INC.

FILED Jan 15 1998 8:00am Secretary of State



| Delegiant Disease of Designation | | | | | | |
|---|---|--|-------------|---|----------------------|---|
| Principal Place of Business Mailing Address | | | | | | |
| 5103 CARTER SPENCER ROAD 5103 CARTER SPENCER RO MIDDLEBURG FL 32068 MIDDLEBURG FL 32068 | | | ROAD | | | |
| | | | | | | DO NOT WRITE IN THIS SPACE |
| | | | | | | 3. Date Incorporated or Qualified 07/26/1995 |
| 2. Principal Place of Business 2a. Mailing Addres | | | | | | 4. FEI Number Applied For |
| 21 | | 26 | | | | 59-3327569 Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | \$9.75 Additional |
| 22 | | 27 | | | | 5. Certificate of Status Desired Fee Required |
| City & State | | City & State | | | | 6. Election Campaign Financing \$5.00 May Be |
| 23 | 28 | | | | | Trust Fund Contribution Added to Fees |
| Zip | Country | Zip | Country | | | 8. This corporation owes or has paid the current year intangible |
| 24 | 25 | 29 | 30 | | | Personal Property Tax due June 30. L Yes L No |
| | ame and Address of Current | Registered Agent | | 24 | | 10. Name and Address of New Registered Agent |
| PRIDEMORE, JOANN | | | | 81 | Name | |
| 5103 CARTER SPENCER ROAD | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| MIDDLEBU | JRG FL 32068 | | | | | |
| | | | | 83 | | |
| | | | Ì | 84 | City | FL 85 Zip Code |
| dd Diwyyant la the an | roudstone of Continue 607 0500 | and CO7 1500 Florida State | too the ab | | | |
| 11. Pursuant to the provisions of Sections 607,0502 and 607,1503, 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. | | | | | | |
| agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | |
| SIGNATURE | | | | | | required when reinstating) DATE |
| 12. | typed or printed name of registered agent | | 13. | 1 Agen | t signature | required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE PD | OF TOERS AND | DELETE | 1,1 7/1 | rı f | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| · · · · · · · · · · · · · · · · · · · | DEMORE, JOANN | | 1.2 NA | | | Ostalige Footable |
| | 3 CARTER SPENCER ROAL | า | | | NDDRESS | |
| MOS | DLEBURG FL 32068 | • | | | | |
| CITY-ST-ZIP MIDI | DEEDGROTE GEGGG | DELETE | 2.1 TIT | TY-ST | -ZIP | Change Addition |
| T | DEMORE, ROGER W | | 2.2 NA | | Į | |
| | 3 CARTER SPENCER ROAL | 1 | 1 | | ADDRESS | , |
| AND | DLEBURG FL 32068 | , | 1 | | | |
| CITY-ST-ZIP MIDE | T DELETE | | | 2. 4 CITY-ST-ZIP 3.1 TITLE | | Change Addition |
| | AFRAY JOHN T | | | | - | T quantita T vicinition |
| 0.404 | 2 RANGE MLINE ROAD | | 3.2 NA | | | |
| 9.4175 | DLEBURG FL 32068 | | 2,00. | | DDRESS | |
| | טבבטטחס דב פצעסס | DELETE | | TY-ST | - ZIP | Change Addition |
| TITLE | | וון טבובוב | 4.1 TM | | | Li Change Li Addition |
| NAME | | | 4. 2 N/ | | | |
| STREET ADDRESS | | | | | ODRESS | |
| CITY-ST-ZIP | | DELETE | | TY - ST- | -ZIP | I Above |
| TITLE | | TTI DEFEIE | 5.1 TIT | | ļ | Change Addition |
| NAME | | | 5.2 NA | | | |
| STREET ADDRESS | | | | | DDRESS | |
| CITY-ST-ZIP | | | | TY-ST- | - ZIP | |
| TITLE | | DELETE | 6.1 TIT | | J | ☐ Change ☐ Addition |
| NAME | | | 6 2 NA | ME | | |
| STREET ADDRESS | | | 6.3 STI | REET A | DDRESS | |
| CITY - ST - ZIP | · | | 6.4 CIT | | | |
| 14. I hereby certify the indicated on this s | at the information supplied with annual report or supplemental | n this filing does not qualify i annual report is true and ac | for the exe | mptie Lithat | on state t my sio | d in Section 119.07(3)(i), Florida Statutes. I further certify that the information nature shall have the same legal effect as if made under oath; that I am an |

officer or director of the corporation or the receiver of 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. JoAnn PRIDEMORE