Apr 30, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000058514

1. Corporation Name

AWERICA	AN SOUTHERN HOMES, IN	U .											
Principal Place	of Business	M	ailing Address					1	f ifititite iin ididt dit	ii ae iii ae i		i attät läjat att	AC HANGAMAN MAN
763 GRANVILLE		763	3 GRANVILLE DR	IVE									
WINTER PARK FL 32789 WINTER PARK FL 32789								i				00465	
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								1	Date Incorporated or 0	Qualifed			ļ
									07/28/1995	_		<u> </u>	Vanilad Ear
2. Principal Pl	ace of Business		Mailing Addres	SS				1	FEI Number			├ ──	Applied For Not Applicable
21		26	0 4=4 4 4					1	<u>59-3330204</u>	_	-		Additional
Suite, Apt.	#, etc. 	-	Suite, Apt. #, e	nc.				5.	Certifcate of Status De	sired		•	Required
22		27	City & State					+-	Floation Compaign Fig				0 May Be
City & State	2	28	City a State					1	Election Campaign Fir Trust Fund Contribution				d to Fees
Zip	Country	- 20	Zip		Country	v		+-	This corporation owes		ent vear Ir		
24	25	29	_ -	3(_ `	•		1	Personal Property Tax		,	Yes	□No
24	9. Name and Address of Curren		stered Agent		<u> </u>		_		Name and Address of	_	egistered	i Agent	
					81	Nam	e						
HOLL	LOWAY, DWIGHT D				82	Ctros	t Addro	/D	O. Box Number is Not	Accenta	hle)		
763 (GRANVILLE DRIVE				02	Siree	a Audre	155 (F.	.C. DOX NUMBER IS NOT	Ассеріа	DIC)		l
WINT	TER PARK FL 32789				83	3							
												DE 70	o Code
	61/				84	(1					FI	_ l l '	ļ
11. Pursuant	to the provisions of Sections 607,050: egistered agent or out /n/he state in familiar with and accept the obligat	2 and 6	07.1508, Florida	Statutes	, the abov	/e-name	ed corpo	ration	submits this statemen	t for the	purpose c	f changing	ts registered
office or re	egistered agent, or both in the state	of Flori	da. Such change	wes auti	norized by	the co	rporation	n's bo	ard of directors. I here	ьу ассер	t the appo	ointment as	registerea
occupt 1 or	m familiar with and before the obligat	tions of	Section 607 05	i05 Florid	a Statutes	\$			_			-F1	
	m familiar with and argept the obligat	tions of	Section 607.05			1	loll c	יליונ	PAGA.			4/21/2	15
SIGNATURE	m familiar with and arcept the obligat	w		M M $^{\circ}$	a Statute; a h egistered Age	Γ	10 (L C)Wb	m thes		DATE	4/26	19
SIGNATURE	X/M(LUNU	nt and title	it applicable.	M M $^{\circ}$	ant.	Γ	10 (L C	when re	m thes		DATE	ND DIREC	TORS IN 12
SIGNATURE	Signature, typed or pfinted name of registered agen	nt and title	it applicable.	NOTE: R	egistered Age	Γ	10 (L C	when re	instituting)		DATE	"I'lle	TORS IN 12
SIGNATURE	Signature, types or pfinited name of registered agen OFFICERS AN	nt and title	iyapplicable.	NOTE: R	egistered Age	D. T	10 (L C	when re	instituting)		DATE	ND DIREC	TORS IN 12
SIGNATURE 12. TITLE	Signature-typed or pfinled name of registered agen OFFICERS AN	nt and title	iyapplicable.	NOTE: R	egistered Age 13. 1.1 TITLE 1.2 NAME	D. T	D ([C	when re	instituting)		DATE	ND DIREC	TORS IN 12
SIGNATURE 12. TITLE NAME	Signature-types or printed name of registered agen OFFICERS AN D HOLLOWAY, DWIGHT D	nt and title	iyapplicable.	NOTE: R	egistered Age 13. 1.1 TITLE 1.2 NAME	ent signatur	D ([C	when re	instituting)		DATE	ND DIRECTOR	FORS IN 12
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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 armus reports 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 of the teceing of the te

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS