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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P95000063253	(!

## **FILED** May 08 1997 8:00am Secretary of State

HIGHER STANDARD HOMES, INC.  Principal Place of Business Mailing Address 2890 HWY 98 W. SANTA ROSA BEACH FL 32459 US  HIGHER STANDARD HOMES, INC.  Mailing Address 2890 HWY 98 W. SANTA ROSA BEACH FL 32459 US		L 32459-53	26	· · · · · · · · · · · · · · · · · · ·	3. Date Incorporated or Qualified 3a. Date of Last Report				
						<ol> <li>Date Incorporated or Qualified 08/15/1995</li> </ol>		e of Last Re 2/1996	aport
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number	YY		plied For
21		26				59-3384453		No	t Applicable
Suite, Apt	. #, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	
City & Sta	ite	City & State				6. Election Campaign Financing	<del></del>	\$5.00	·
23		28				Trust Fund Contribution		Added t	
Zıp	Country	Zip ·	Cou	untry	······	8. This corporation has liability for	intangible to	ax under s	199.032,
24	[25]	29	30				☐ Yes ☐		
	9. Name and Address of Curr	ent Registered Agent		L		10. Name and Address of New R	egistered A	jent	
	RESA WILLIS			81	Name				[
	0 WALTON WAY ESTIN FL 32541			82	Street Add	ress (P.O. Box Number is Not Accepta	ble)	***************************************	
	OTHER L DECAL			83	<del></del>		<del></del>		
				84	City		FL	<b>85</b> Zip (	Code
SIGNATURE	Stip alice, typed or printed name of registered	agent and etta 1 applicable. (NC	TE: Registere			poration submits this statement for the tion's board of directors. I hereby acce ired when reinstating)	DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF			
TITLE	PST	DELETE	1,1 7				L	Change	Addition
NAME	WILLIS, TERESA		1.2 N						
STEFFET AIXDRESS	290 WALTON WAY DESTIN FL		1		ADORESS				
TOLE	DESTIN FL	DELETE	2.1 T	ITY-S	1-ZIP			Change	Addition
NAM:		OCCETE	2.1 T		Ī		les.	T Augusta	7.00.500
STREET ADDRESS			4 ···		ADDRESS				1
CHY-ST-ZIP					ST-ZIP				
10111		☐ DELETE	317					Change	☐ Addition
NAME:			3.2 N	<b>SMA</b>					ŀ
STREET ADDRESS			3.3 \$	TREET	ADDRESS				1
CHY-SI-ZIF			3.4. 0	CITY-S	ST - ZIP				
TITLE		☐ DELETE	4.1 T	ITLE				Change	Addition
NAMÉ			4.21	NAME	ļ				1
STREET ADDRESS	. [		4.3 S	TREET	ADDRESS				
C-TY - ST - ZIP		Lariette		(TY-S	1-21P			7 5	11111111111
10116		DELETE	5.1 7		ļ		L	Change	Addition
NAME				IAME					
STREET ADDRESS			10		ADDRESS				Ī
CHY-SI-72		DELETE	5.4 C		T-ZIP			Change	Addition
TITLE NAMÉ		_ outer		AME			L	CHANGE	- Addition
SIPPLE ADDRESS			Į.		ADDRESS				
Į.			ı						
City S' - 7IP	1	lind with this filing does not a us		ITY-S		d in Castion 110 07/2)/i) Florida Statut	16		4

red necestry certify that the information supplied with this filling 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.

SIGNATURE: