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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000065204 (6)

incipal Place of Business	Mailing Address
000 GLENLAKES BLVD.	9000 GLENLAKES BLVD.
ROOKSVILLE FL 34613	BROOKSVILLE FL 34613

FILED Jan 20 1998 8:00am Secretary of State

יפוטטא	ON HOIVIE BUILDERS, INC.							
Principal Plac	ce of Business	Maili	ng Address					
9000 GLENLA	AKES BLVD.	9000	GLENLAKES BLVD	L				
BROOKSVILL			OKSVILLE FL 34613					DO NOT WEITT IN THE CRACE
								DO NOT WRITE IN THIS SPACE
								3. Date Incorporated or Qualified
2 Principal F	Place of Business	2a M	lailing Address					08/23/1995 4. FEI Number Applied For
21	lace of Eddinese	26	iaming Address	=				59-3336862 Not Applicable
Suite, Apt.	#. etc.		uite, Apt. #, etc.			.		\$9.75 Author and
22	,	27	-10, 411 // -101	27				5. Certificate of Status Desired Fee Required
City & Stat	te		ity & State					6. Election Campaign Financing \$5.00 May Be
23		28		±-				Trust Fund Contribution Added to Fees
Zìp	Country	Z	ip	Cau	untry	,		8. This corporation owes or has paid the current year Intangible
24	25	29		30				Personal Property Tax due June 30. Yes No
	9. Name and Address of Curren	t Register	ed Agent			,		10. Name and Address of New Registered Agent
CA	STELLANO, NELSON T				81	Name		
SU	ITE 2700				82	Street	Addre	ss (P.O. Box Number is Not Acceptable)
10	1 E. KENNEDY BLVD.							
TA	MPA FL 33602				83			
\					84	City		85 Zip Code
}				- 1				FL } `
11. Pursuant	to the provisions of Sections 607,050	2 and 607.	1508, Florida Statu	ites, the a	bove	e-namec	corpo	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
agent, I a	registered agent, or both, in the state im familiar with, and accept the obliga	of Florida.	ection 607.0505, F	forida Sta	tutes	r ine cor 3.	porado	or s board of directors. Thereby accept the appointment as registered
SIGNATURE								
	Signature, typed or printed name of registered age				d Age	nt signatur	e required	d when reinstating) DATE
12.	OFFICERS AND	DIRECTO		13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D ALLEN MULLIAN D		DELETE	1.1 Ti			}	Change Addition
NAME	ALLEN, WILLIAM D			1.2 N			Ì	
STREET ADDRESS	9000 GLENLAKES BLVD.					ADDRESS		i
CITY-ST-ZIP	BROOKSVILLE FL 34613		☐ DELETE		ITY-\$	T- ZIP		L Change L Addition
TITLE	D D		☐ Deceie	2.1 TI				ChangeAddition
NAME	SIMM, DENNIS R			2.2 N				
STREET ADDRESS	9000 GLENLAKES BLVD.					ADDRESS		i
CiTY-ST-ZIP	BROOKSVILLE FL 34613		DELETE			ST-ZIP	┼	Change Addition
TATLE	CRAIGHEAD, DAVID		La octore	3,1 T				ET Græige ET Addraon
NAME	9000 GLENLAKES BLVD			3.2 N		ADDOCCO	1	
STREET ADORESS	BROOKSVILLE FL 34613					ADDRESS		
CITY-ST-ZIP TITLE	DITOURSVILLE 1 E 34013		☐ DELETE	3.4. C		ST-ZIP	 	Change Addition
			000010	4.1 II 4.2 N				Change [] Addition
NAME						ADDRESS	1	
STREET ADDRESS						ADDRESS		
CITY-ST-ZIP TITLE			☐ DELETE	4.4 C		1-417	 	Change Addition
NAME				5.2 N				
						ADDRESS		
STREET ADDRESS								
CITY-ST-ZIP TITLE			DELETE	5.4 CI 5.1 TI		i - ZIP	1	Change Addition
NAME				6.2 N			}	
STREET ADDRESS						ADDRESS		
								j
CITY-ST-ZIP	L			■ 6.4 C	ITY - ST	1 - ZIP	ŧ	

14. I hereby certify that the information supplied with this filling does n indicated on this annual report or supplemental annual report is officer or director of the corporation or the receiver or trustee explored to the corporation of the receiver or trustee explored to the corporation of the receiver or trustee explored to the corporation of the receiver of trustee explored to the corporation of the corpo or qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information be and accurate and that my signature shall have the same legal effect as if made under oath; that I am an owered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in