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Apr 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000066279 (7)

1. Corporation Name

PALM COAST COMMUNITY HOMES, INC.

Principal Place of Business

1 HARGROVE GRADE
PALM COAST FL 32137

Mailing Address

11777 SAN VICENTE BLVD., STE. 800
LOS ANGELES CA 90049-5011



3. Date Incorporated or Qualified

08/28/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3331474

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 c/o Lowe Enterprises, Inc.

28 City & State

29 Zip

Country

30

9. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FL, INC.
390 N. ORANGE AVE, STE. 1100
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D/CH	<input type="checkbox"/> DELETE
NAME	PLATT, JOHN B. III	
STREET ADDRESS	169 LA VEREDA RD.	
CITY - ST - ZIP	SANTA BARBARA CA 93108	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOWE, ROBERT J.	
STREET ADDRESS	11777 SAN VICENTE BLVD., #900	
CITY - ST - ZIP	LOS ANGELES CA 90049	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	DEL FRANCO, PETER A.	
STREET ADDRESS	11777 SAN VICENTE BLVD., #900	
CITY - ST - ZIP	LOS ANGELES CA 90049	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KENYON, BETTY J	
STREET ADDRESS	11777 SAN VICENTE BLVD., #900	
CITY - ST - ZIP	LOS ANGELES CA 90049	
TITLE	DCEO	<input type="checkbox"/> DELETE
NAME	HEWLETTE, EARL D. JR.	
STREET ADDRESS	5757 PALM BLVD.	
CITY - ST - ZIP	ISLE OF PALMS SC 29451	
TITLE	VP/T	<input checked="" type="checkbox"/> DELETE
NAME	HULME, MICHAEL	
STREET ADDRESS	1 HARGROVE GRADE	
CITY - ST - ZIP	PALM COAST FL 32137	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Vicente
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Vicente
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Vicente
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Vice President/CFO
6.3 STREET ADDRESS	William T. Wethe
6.4 CITY - ST - ZIP	1 Hargrove Grade Palm Coast, FLA 32137

14. I do 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 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:

Betty J. Kenyon

Secretary

3/28/97

(310) 820-6661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)