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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # **P95000070550** (5)

LEGACY HOMES OF NAPLES, INC.

FILED Apr 22 1997 8:00am Secretary of State



	of Business	M	ailing Address			, 12011001				
300 TERMINAL L	TR.	560 ALA	TERMINAL-DR.	1						
150 F	ELICAN AVE	NUE 14	COLPED.	i I pani d	150140	<b>.</b>				
NAPIE	GLICAN AVE. 5 FL 3416	02 1	MES, F	icm to	73416	3. Date Inc 09/05/1	orporated or Qualified	3a. Date 6		eport
	ace of Business	2a.	Mailing Address		•	4. FEI Num			Ap	plied For
21 /505	PELICAN P	TVD/UB	Sme	<u> </u>	·	65-06	08371			t Applicable
Suite, Apt #	F, etc.	27	Suite, Apt. #, etc.			5. Certifica	te of Status Desired		8.75 A	Additional quired
City A State  23 NAP 4	ES FLORID	28	City & State				Campaign Financing nd Contribution		\$5.00 Added t	
Zip	Country		Zip	Cour	try	8. This con	poration has liability for	intangible tax	under \$.	199.032,
24 34 10	25 4	29		30		Florida S	-	Yes N		
41100	9. Name and Address of	of Current Regis	tered Agent		M N	10. Name a	nd Address of New Ro	gistered Age	nt	
	RSON, STEPHEN J			ľ	Name					
1585 PELICAN AVE. NAPLES FL <b>33052- 34/02</b>					32 Street A	ddress (P.O. Box I	Number is Not Accepta	ble)	•	
	- • •			-	33			·		***************************************
				-	34 City	<del> </del>			<b>15</b> Zip (	- Code
					City			FL <sup>*</sup>	1 <b>5</b>   Zip (	∍o0e
11. Pursuant k	o the provisions of Sections	s 607.0502 and 6	07.1508, Florida St	atules, the ab	ove-named c	orporation submits	this statement for the	purpose of cha	angirig it	s registered
office of re	gistered agent or both, in	the State of Florid	da. Such change w	as authorized	by the corpo	oration's board of c	directors. I hereby acce	pt the appoint	ment as	registered
agent Lan	n familiar won, and accept.	ine oblidations of	L Section 607 0505	- Florida Statu	tas					
	irramiliar wiin, and accept	the obligations of	t, Section 607.0505	i, Florida Statu	tes.					
SIGNATURE _	IT tarriellar willn, and accept							DATE		
SIGNATURE _	Styratore, typed or punted name of re		it applicable (			equired when reinstating)	T-11-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	DATE		S IN 12
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