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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DOCUMENT # **P95000095645 (4)**

| DOCUMENT # P95000095645 (4)  DAVE MOODY HOMES, INC.  Principal Place of Bosiness Mailing Address |   |  |                                  |                                |  |                                   |                                       |              |
|--|---|--|----------------------------------|--------------------------------|--|-----------------------------------|---------------------------------------|--------------|
| rincipal Place<br>993 S.E. 135TH<br>UMMERFIELD   | 1 LANE  | Mailing Address<br>3993 S.E. 135TH LANE<br>SUMMERFIELD FL 34491-2288   |                                  |                                |  |                                   |                                       |              |
|  |   |  |                                  |                                | 3. Date Incorporated or Qualified 12/19/1995   | 1                                 | ate of Last R<br><b>15/1996</b>       | leport       |
| Principal Place of Business Soite, Apt. # leto   |   | 2a, Mailing Address  | 117747                           | T 4                            | 4. FEI Number  | <del></del>                       |                                       | oplied For   |
|  |   | 26 13610 SE 47 TTE12<br>Saite Apt. #. etc. 1 ( 1 01  |                                  | 59-3348431                     |  | Not Applicable  \$8.75 Additional |                                       |              |
|  |   | 27 Symmeretield, fl  |                                  |                                | 5. Certificate of Status Desired   |                                   | Fee Required                          |              |
| City & State   |   | City & State   |                                  | 6. Election Campaign Financing |  | \$5.00                            |                                       |              |
| Zφ   | Country   | 28 7 39491   | Country                          | ·                              | Trust Fund Contribution  | المالم                            |                                       | to Fees      |
| 2 141  | 25  | 29   |                                  | RION                           | This corporation has liability for Florida Statutes  |                                   | tax under s<br>] No                   | . 199.032,   |
|  | 9. Name and Address of Currer                         | and the contract of the contra |                                  | <u> </u>                       | 10. Name and Address of New R  | egistered                         | Agent                                 |              |
| GIBSON, EDWARD C 81 Name   |   |  |                                  |                                |  |                                   |                                       |              |
|  | S.E. 135TH LANE                                       |  | 82                               | Street Addre                   | ess (P.O. Box Number is Not Acceptable)  |                                   |                                       |              |
| SUM  | MERFIELD FL 34491                                     |  | 83                               |                                |  |                                   | · · · · · · · · · · · · · · · · · · · |              |
|  |   |  |                                  |                                |  |                                   |                                       |              |
|  |   |  | 84                               | City                           |  | FL                                | <b>85</b> Zip                         | Code         |
| NATURE .   | a part of the Mark Mark Mark Mark Mark Mark Mark Mark |  | L Agistere Ager                  | 71.12                          | on's board of directors. I hereby acceding the state of the directors of of the | EIATE                             | -97                                   |              |
| .t   | PSD   | DELETE   | 1.1 TITLE                        | T                              |  |                                   | Change                                | Addition     |
| 16   | MOODY, DAVE A   |  | 1.2 NAME                         |                                |  |                                   |                                       |              |
| : LADDRESS   | 13610 S.E. 47TH TERRACE<br>SUMMERFIELD FL 34491       |  | 1.3 STREET                       | <b>\</b>                       |  |                                   |                                       |              |
| St. 70P  | VPT   | DELETE   | 14 CITY - ST<br>21 TITLE         | -212                           |  |                                   | Change                                | Additio      |
| . ]  | GIBSON, EDWARD C                                      | 1,   | 2.2 NAME                         | . ]                            |  |                                   |                                       |              |
| FFAODES of   | 3993 S.E. 135TH LANE                                  |  | 2 3 STREET                       | ADDRESS                        |  |                                   |                                       |              |
| 5 - 70   | SUMMERFIELD FL 34491                                  | Vorters  | 2 4 CiTY - S                     | 1 - ZIP                        | <u></u>  |                                   |                                       | TT 2         |
| ļ  |   | [_] DELETE   | 3.1 TITLE                        |                                |  |                                   | Change                                | Additio      |
| i<br>Bagopia s   |   |  | 3.2 NAME<br>3.3 STREET           | ADDRESS                        |  |                                   |                                       |              |
| \$1.70   |   |  | 34 CHY-S                         | 1                              |  |                                   |                                       |              |
|  |   | DELETE   | 4.1 TITLE                        |                                |  |                                   | ☐ Change                              | Addition     |
|  |   |  | 4. 2 NAME                        |                                |  |                                   |                                       |              |
| E ACCOR A  |   |  | 4 3 STHEET                       | ·                              |  |                                   |                                       |              |
| -51-20F  |   | DELETE   | 4.4 CITY - ST<br>5.1 TITLE       | -ZIP                           |  |                                   | Change                                | Addition     |
| , /  |   | Lad Decent   | 5.2 NAME                         | 1                              |  |                                   | Grange                                | L. Advictor  |
| CLADDEE: 5   |   |  | 53 STREET                        | ADDRESS                        |  |                                   |                                       |              |
| -51 - 24   |   |  | 5 4 CITY- S1                     | -ZIP                           |  |                                   |                                       |              |
| ·  |   | DELETE   | 611IILE                          |                                |  |                                   | Change                                | Addition     |
| i:   |   |  | 6.2 NAME                         |                                |  |                                   |                                       |              |
| H ACUBESS  |   |  | 6 3 STREET A                     | ì                              |  |                                   |                                       |              |
| ist ⊅E   | y certify that the cilomization scioolic              | d with this filing does not quali  | 6.4 CITY - ST<br>fy for the exer |                                | in Section 119.07(3)(i), Florida Statuti   | es Hurthe                         | r certify that                        | the          |
| - Information  | o usa safed on this annual report or a                | supplemental annual report is t  | rue and accur                    | rate and that i                | my signature shall have the same leg<br>as required by Chapter 607, Florida  | al effect a                       | s if made un                          | der oalh; th |

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3-16-9) (352)245-1400

**FILED** 

Mar 19 1997 8:00am

Secretary of State