Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90014 037 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # DOCOCOCC270

<ol> <li>Corporation</li> </ol>	STINE CUSTOM HOMES,							
Principal Place	e of Business	Mailing Address		_		1 10411081 110 18110 81111 80111 80111 80111 80111		
21975 SW 86TH ST         21975 SW 86TH ST           DUNNELLON FL 34431         DUNNELLON FL 34431						DO NOT WRITE IN THIS SP.	ACE	
						3. Date incorporated or Qualifed 01/17/1996	102	
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	$\top \top i$	Applied For
21		26				59-3358371		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·			5. Certificate of Status Desired		Additional
22		27				5. Certificate of Citation Desired	Fee F	Required
City & Stat	e	City & State						May Be
23	<u> </u>	28				Trust Fund Contribution	-	to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Intang Personal Property Tax.	ible Yes	□No
24	9. Name and Address of Curre	29	30	_		10. Name and Address of New Registered Age		
	5. Hattie Alia Address of Corre	III Kegisterea Agent		81	Name			
VAN	adestine, deborah					(D.O. D. N. Harris Mak Assessable)		
21975 SW 86TH ST				82	Street Add	fress (P.O. Box Number is Not Acceptable)		1
DUN	NELLON FL 34431			83				
				20	0.2		   7ii	Code
				84	City	FL  ՝	85 Zip	Code
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505,	Florida Stati	utes	<b>.</b>	ion's board of directors. I hereby accept the appointm		
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND D		
TITLE	D	☐ DELETE 1.1		ΠE		, ,	] Change	Addition
NAME	VANADESTINE, ALFRED		1.2 NA	ME				
STREET ADDRESS	21975 SW 86TH ST		1.3 ST	REE	T ADDRESS		\	1
CITY-ST-ZIP	DUNNELLON FL 34431			1.4 CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	7.05	D a distan
TITLE	D	☐ DÉLETE	2.1 TIT	πE			] Change	Addition
NAME	VANADESTINE, DEBORAH		2.2 NA					
STREET ADDRESS			N		T ADDRESS			
CITY-ST-ZIP	DUNNELLON FL 34431	DELETI	2.4 CIT		ST-ZIP		] Change	e Addition
TITLE						_	J Criaings	
NAME			3.2 NA		T ADDDECC			
STREET ADDRESS					TADORESS			
CITY-ST-ZIP TITLE					ST-ZIP		Change	e
NAME		<u> </u>	4.2 N			,	-	_
STREET ADDRESS			- 6		T ADDRESS			
CITY-ST-ZIP			4.4 CI					ļ
TITLE		☐ DELET					Change	e 🔲 Addition
NAME			5.2 N/	AME				
STREET ADDRESS			5.3 ST	TREE 1	TADDRESS			
CITY-ST-ZIP			5.4 Cr		T-ZIP	·		
TITLE		☐ DELET					Change	Addition
NIA BAE	!		6.2 NA	AME	1			

14. I 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, with all other like empowered.

SIGNATURE()

NAME

STREET ADDRESS

6.3 STREET ADORESS

6.4 CITY-ST-ZIP