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 # P96000025934 (6)

NEILLRIDGE HOMES INCORPORATED

FILED Mar 02 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 320 COLUMBUS CIR. 320 COLUMBUS CIR. LONGWOOD FL 32750 LONGWOOD FL 32750 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/18/1996 2. Principal Place of Business 2a. Mailing Address Applied For 59-3374895 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Ζıρ Zip Country Country This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes □ No 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name O'NEILL, EUZABETH 320 COLUMBUS CIR. Street Address (P.O. Box Number is Not Acceptable) LONGWOOD FL 32750 83 84 City 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** Signifian, lyped or proted name of registered agent and title if applicable (NOTE Registered Agent e-gnature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1 1 TATLE Change Addition O'NEILL, ELIZABETH NAME 1.2 NAME 320 COLUMBUS CIR. 1.3 STREET ADDRESS STREET ADDRESS LONGWOOD FL 32750 CITY-ST-ZIP 1.4 CITY - ST - 7IP DELETE Change Addition TITLE 21 TITLE NAME 22 NAME 23 STREET ADDRESS STREET ADDRESS 2. 4 DITY-ST-ZIP CITY-ST-ZIP DELETE Addition 3 1 3ITI F Change TITLE NAME 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELFTE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-S1-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

14. Thereby 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 free and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the convertion 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: BANVA .. .

Flingheth D'Deill

2-23-98

407-830-9968