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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000027684 (5)

THE NEW HOME SOURCE, INC.

1	Principal Place of Business
l	115 ORANGE STREET NEPTUNE BEACH FL 32266
ļ	NETTUNE BENCH PL 32200

FILED May 16 1997 8:00am Secretary of State



Principal Place of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·	I 1680 kada jen jaja dijik dalil delil delil d	iste merka atore sanco accar incia eser cons
115 ORANGE STREET 115 ORANGE STREET NEPTUNE BEACH FL 32266 NEPTUNE BEACH FL 32		266-6133	#6-6133	
THE TOTAL CENTER I SEED		****	3. Date Incorporated or Qualified 03/26/1996	3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Report Applied For
18280 Princeton Sol		551212	44 FEF WORLDON	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	221010		60 75 Addisond
2 # I	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
Jacksonville, FL	28 JACKEONY	ille, FL	Trust Fund Contribution	Added to Fees
Zip Gountry	Z ip	Country	8. This corporation has liability for	intangible tax under s. 199.032,
32256 25 Dur	10 29 32255	30 Duva		☐ Yes 💢 No
	f Current Registered Agent		10. Name and Address of New R	egistereti Ağent
INMAN, CARL R		81 Name	Ame	
7703 HARE AVE		82 Street Add		
JACKSONVILLE FL 32211				
		83		
		84 City		85 Zip Code
		Oily		FL 2 2 Code
SIGNATURE Signature, typed or printed name of rep. 12. OFFIC		OTE: Registered Agent signature requ		DATE
	ERS AND DIRECTORS		ADDITIONS/CHANGES TO OFF	Change Addition
MARL R. Ir	man	1.1 TITLE		FT CHRIBO FT MOSE
AME President THE LAUDHESS U.S. Drange.	≤L	1.2 NAME 1.3 STREET ADDRESS		
OARL R. Ir OARL R. Ir ORETANDESS ITS Drange: OF STORM Nep Boh, FL	222//	1.4 CITY-ST-ZIP		
THE	DELETE	2.1 TITLE		☐ Change ☐ Additi
UM F		2.2 NAME		
PREFI ADDRESSS		2.3 STREET ADDRESS		
ITV - \$1 - ZIP		2. 4 CITY-ST-ZIP		
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RME .		3.2 NAME		
THEET ADDRESS		3.3 STREET ADDRESS		
Ity SI-2IP		3.4. CITY - ST - ZIP		
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AME		¶ 4.2 NAME (
FREET ACIDALISS		1		
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	[_] DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addit
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AME TREET 400FESS CTY - ST- ZIP CLE	DELETE	44 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		1
IAME THEET ADDRESS CTY-ST-ZIP OLE RAME		44 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TIRE 6.2 NAME		1
ITLE IAME STREET ADORESS STY - ST - ZIP UTG IAME IAME FACORESS STY - ST - ZIP		44 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		I

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 13 if chapter, or on an attachment with an address.