

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

FILED
May 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P96000027684(5)
1. Corporation Name
 THE NEW HOME SOURCE, INC.

Principal Place of Business 115 Orange St.
 Neptune Beach, FL 32266
Mailing Address 115 Orange Street
 Neptune Beach, FL 32266-6933

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8280 Princeton Sq Bldg W Suite, Apt. #, etc. 22 #1 City & State 23 Jacksonville, FL Zip 24 32256 Country 25 Duval	2a. Mailing Address 26 PO Box 551282 Suite, Apt. #, etc. 27 City & State 28 Jacksonville, FL Zip 29 32255 Country 30 Duval
--	---

3. Date Incorporated or Qualified 3/26/96	4. FEI Number 59-3414630	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No		

9. Name and Address of Current Registered Agent

Inman, Carl R
 7703 HARE AVE
 Jacksonville, FL 32211

10. Name and Address of New Registered Agent

81 Name SAME	82 Street Address (P.O. Box Number is Not Acceptable)
83	
84 City FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Signature of the person executing this statement and the applicable

(NOTE: Registered Agent's signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carl R. Inman President, Director 115 Orange St. Neptune Bch, FL 32266	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	President, Director Carol Inman 115 Orange St. Neptune Bch, FL 32266
TITLE NAME STREET ADDRESS CITY-ST-ZIP		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	0000002541710 -06/01/98--01018--009 ***150.00

14. I hereby certify that the information supplied with this form 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.

SIGNATURE: Carol Inman, Carol Inman 4/27/98 (904) 739-7007

CR2E034 (10/97)