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Mar 11, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000033589

1. Corporation Name

TPC QUALITY HOMES INC.

Principal Place of Business

35 PECAN PASS
OCALA FL 34472

Mailing Address

35 PECAN PASS
OCALA FL 34472

2. Principal Place of Business

21 36 Pecan Pass
Suite, Apt. #, etc.

2a. Mailing Address

26 36 Pecan Pass
Suite, Apt. #, etc.

City & State

23 Ocala FL

City & State

28 Ocala FL

Zip

24 34472

Country

25 Marion

Zip

29 34472

Country

30 Marion

9. Name and Address of Current Registered Agent

PASCUCCI, PETE
24 PINE RUN
OCALA FL 34472

10. Name and Address of New Registered Agent

81 Name Tony Cangelosi, Jr
82 Street Address (P.O. Box Number is Not Acceptable) 36 Pecan Pass
83 City Ocala FL
84 City Ocala FL
85 Zip Code 34472

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 607.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P CANGELOSI & S	<input type="checkbox"/> DELETE
NAME	CANGELOSI JR, TONY	
STREET ADDRESS	36 PECAN PASS	
CITY-ST-ZIP	OCALA FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	PASCUCCI, PETE	
STREET ADDRESS	35 PECAN PASS	
CITY-ST-ZIP	OCALA FL	
TITLE	T + V P	<input type="checkbox"/> DELETE
NAME	CANGELOSI, CONSTANCE	
STREET ADDRESS	36 PECAN PASS	
CITY-ST-ZIP	OCALA FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	PASCUCCI, PATTI	
STREET ADDRESS	35 PECAN PASS	
CITY-ST-ZIP	OCALA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)