

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

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90046 012 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P96000049207

1. Corporation Name
SOVEREIGN HOMES, INC.

Principal Place of Business
**6700 SOUTH FLORIDA AVE
SUITE 11
LAKELAND FL 33813
US**

Mailing Address
**PO BOX 6816
LAKELAND FL 33807
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/07/1996

4. FEI Number
59-3417672

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~BENJAMIN MICHAEL~~
~~6700 SOUTH FLORIDA AVE~~
~~SUITE 11~~
~~LAKELAND FL 33813~~

81 Name
W. Wm. Ellsworth, Jr.
82 Street Address (P.O. Box Number is Not Acceptable)
6700 S. Florida Avenue, Suite 6
83
84 City
Lakeland **FL** 85 Zip Code
33813

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

2/1/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME **PD BENJAMIN MICHAEL**
STREET ADDRESS **6700 SOUTH FLORIDA AVE SUITE 11**
CITY-ST-ZIP **LAKELAND FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **PD W. Wm. Ellsworth, Jr.**
1.3 STREET ADDRESS **6700 South Florida Avenue, Suite 6**
1.4 CITY-ST-ZIP **Lakeland, FL 33813**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **VP J. P. Richardson**
2.3 STREET ADDRESS **6700 South Florida Avenue, Suite 11**
2.4 CITY-ST-ZIP **Lakeland, FL 33813**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **S Ann E. Rieger**
3.3 STREET ADDRESS **6700 South Florida Avenue, Suite 6**
3.4 CITY-ST-ZIP **Lakeland, FL 33813**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

2/1/99

(941) 619-5800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)