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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000051118 (3)

CAMELOT HOMES OF CENTRAL FLORIDA, INC.

Principal Place of Business

1514 SOUTH ALEXANDER STREET #207
PLANT CITY FL 33567

Mailing Address

1514 SOUTH ALEXANDER STREET #207 PLANT CITY FL 33586-6318

FILED Apr 10 1997 8:00am Secretary of State



PLANT CITY FL 33	3567	PLANT OIL	12 00000-001	•		1		
						3. Date incorporated or Qualified 06/14/1996	3a. Date of Last R	eport
2. Principal Place	e of Business	2a. Mailing A	ddress			4. FEI Number	Ap	plied For
21		26				59-3386257		t Applicable
Suite, Apt. #. etc. 22		Suite, Apt. #, etc.				5. Certificate of Status Desired	□ \$8.75 / Fee Re	
City & State		City & St	ate	·-····		6. Election Campaign Financing	\$5.00	May Bo
23		28				Trust Fund Contribution	Added to	
Zırı	Country	Zφ		Count	try	8. This corporation has liability for	intangible tax under s	199.032,
24	25	29		30			Yes 🔀 No	
9	9. Name and Address of Curi			7-1		10. Name and Address of New Re	gistered Agent	
CONG	TOOK THOMAS D			8	11 Name			
COMSTOCK, THOMAS R 1514 SOUTH ALEXANDER STREET #207					CO CO AND			
PLANT CITY FL 33567				8	Street Add	dress (P.O. Box Number is Not Acceptal	0(0)	
PLANI	UIT FL 33307			10	13			
				٦				
				8	City		FL 85 Zip	Code
11. Pursuant to the	hr provisions of Sections 607.0	0502 and 607.1508.	Florida Statute	as, the abo	ove-named co	rporation submits this statement for the	ourpose of changing it	s registered
office or regis agent. I am fa	stered agent, or both, in the Str amiliar with, and accept the ob	ate of Florida. Such o ligations of, Section	change was a 607.0505, Fic	iuthorized orida Statul	by the corpor tes.	ation's board of directors. I hereby acce	pt the appointment as	registered
SIGNATURE	usture, typed or printed name of registered	array and title if anylicable	(NOT)	F: Registered	Agent signature reg	guired when reinstating)	DATE	
12,		AND DIRECTORS		13.	ngont signatoro roq	ADDITIONS/CHANGES TO OFFIC		S IN 12
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NAME				2.2 NAM	l l			
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. I do hereby certify that the information supplied with this tiling does not quality for the exemption stated in section 119.7(3)(f), ribinda Statutes. I further event that 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 charged, or on an attachment with an address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/97

Daytime Phone #