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FILED
Feb 09 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 # P96000051118 (3)

1. Corporation Name

CAMELOT HOMES OF CENTRAL FLORIDA, INC.



Principal Place of Business

Mailing Address

1514 SOUTH ALEXANDER STREET #207
PLANT CITY FL 33567

1514 SOUTH ALEXANDER STREET #207
PLANT CITY FL 33567

DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|-------------------|---------------------|-------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 | 1514 S. ALEXANDER | 26 | 1514 S. ALEXANDER |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| 22 | SUITE 203 | 27 | SUITE 203 |
| City & State | | City & State | |
| 23 | PLANT CITY FL | 28 | PLANT CITY FL |
| Zip | Country | Zip | Country |
| 24 | 33566 | 25 | USA |
| 29 | 33566 | 30 | USA |

| | |
|---|--|
| 3. Date Incorporated or Qualified | |
| 06/14/1996 | |
| 4. FEI Number | Applied For |
| 59-3386257 | Not Applicable |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| <input type="checkbox"/> | |
| 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| <input type="checkbox"/> | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| NONE DUE | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COMSTOCK, THOMAS R
1514 SOUTH ALEXANDER STREET #207
PLANT CITY FL 33567

| | |
|----|--|
| 81 | Name |
| 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 607.1508, 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

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 | DPVS | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COMSTOCK, PATSY A | | 1.2 NAME | |
| STREET ADDRESS | 1514 S. ALEXANDER SUITE 207 | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | PLANT CITY FL | | 1.4 CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 2.2 NAME | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 2.4 CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 3.2 NAME | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 4.2 NAME | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 5.2 NAME | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 6.2 NAME | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 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.

SIGNATURE

Patsy A. Comstock

2/1/98 813-755-6445

CR2E034 (10/97)