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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #	P96000067023
4 Companion Name	. 0000001000

## **FILED** Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90001 048 \*\*\*211.25

1. Corporation	Name # P96000	06/023			
,	KING HOMES, INC.				
SILVEIT	WAG HOMES, INC.				
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Principal Place	of Rueiness	Mailing Address		1 100/000 (10 10/10 0)()( 00/11 00/11 00/1	18 BINN 186N BONE HORE (IN 186)
}		•			
10714 FLORENCE 10714 FLORENCE THONOTOSASSA FL 33592 THONOTOSASSA FL 33592					
1110110100100		770707007007772		DO NOT WRITE IN THE	S SPACE
1				3. Date incorporated or Qualifed	
ļ				08/13/1996	
2. Principal Pl	ace of Business	2a. Mailing Address		4, FEI Number	Applied For
21	<u> </u>	26	- <u></u>	65-0690089	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.	~ *	5. Certificate of Status Desired	<b>\$8.75</b> Additional .
22		27			Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	Country	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	This corporation owes the current year I Personal Property Tax.	ntangible ☐ Yes ☐ No
24	25 9. Name and Address of Current	29 3	<u> </u>	10. Name and Address of New Registere	
<del> </del>	9. Name and Address of Correct	, Negistered Agent	81 Name	10. Harris and Addition of Note Height	
TOM	LINSON, TODD			<del></del>	
3014	PERMBERTON TRACE		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
PLAN	NT CITY FL 33565		83	<del></del>	<del>-</del>
ĺ					
}			84 City	F	85 Zip Code
A Duminat	to the positions of Sections 607.0503	and 607 1509 Florida Statutos	the above-named com	poration submits this statement for the purpose	_ ;
office or re	egistered agent, or both, in the State o	of Florida. Such change was aut	horized by the corporation	on's board of directors. I hereby accept the app	ointment as registered
agent. I ar	m familiar with, and accept the obligation	ions of, Section 607.0505, Florid	da Statutes.		Y
SIGNATURE	Signature, typed or printed name of registered agent	t and title if anylicable (NOTE: E	Registered Agent signature require	d when reinstating) DATE	
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TOMLINSON, TODD		1.2 NAME		
STREET ADDRESS	10714-B FLORENCE AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	THONOTOSASSA FL 33592		1.4 CITY-ST-ZIP		
TITLE	OTV	☐ DELETE	2.1 TITLE		Change Addition
NAME	TOMLINSON, SCOTT		2.2 NAME		
STREET ADDRESS	10714 FLORENCE		2.3 STREET ADDRESS		
CITY-ST-ZIP	THONOTOSASSA FL 33592	<b>∀</b> - <b>→</b> , • + :	2.4 CITY-ST-ZIP	<u></u>	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TOMLINSON, TODD		3.2 NAME		
STREET ADDRESS	10714 FLORENCE		3.3 STREET ADORESS		
CITY-ST-ZIP	THONOTOSASSA FL 33592		3.4. C/TY-ST-Z/P		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
NAME '			: 5.2 NAME	;	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		<u> </u>	5.4 CITY-ST-ZIP		
TITLE	<del></del>	DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS	्रेड्ड १५८ स्व <b>स्था</b>		6.3 STREET ADDRESS		ļ

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 supplied and a courage 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 Vietreceivered 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 or year attacking the third property of the corporation of

6.4 CITY-ST-ZIP

SIGNATURE: