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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P96000082594 (8)

DC HOME PROPERTIES INC.

Principal Place of Business Mailing Address 12407 NEWELL GREEN PLACE PO BOX 350651

FILED Jun 04 1998 8:00am Secretary of State



JACKSONVILLE FL 32246 JACKSONVILLE FL 32235-0651 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/04/1996 2. Principal Place of Business 4. FEI Number Applied For 2a. Mailing Address 21 59-3413208 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country $Z_{\rm IP}$ 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes [...] No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 CLIFT, DARRELL W 12407 NEWELL GREEN PLACE 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32246 83 City Zip Code 85 11. Pursuant to the provisions of Sections 607.05.02 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 typed or princed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Change Addition TITLE CUFT, DARRELL W 1.2 NAME NAME 12407 NEWELL GREEN PLACE STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32246 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ■ Addition TITLE 2.1 TITLE KAREN V. CLI &+ 18407 Newell Green place 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS JAX. FL. 32246 CITY-ST-ZIP 2.4 CITY - ST - ZIF DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 41 TITLE ☐ Change Addition 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 7/TLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 6.1 TITLE __ Change TITLE 600002551896 NAME 6.2 NAME -06/08/98--01131--027 6.3 STREET ADDRESS STREET ADDRESS ***150.00 6.4 CITY - ST - ZIP 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 Pleat 3 or Pleat 3 of the people of the corporation of the corp Block 12 or Block 13 if changed, or on an attachment with an address

1000 1/ Plift 1/11/98 001-221-9378