

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

FILED  
Jan 27, 1999 8:00am  
Secretary of State

01-27-1999 90007 039 \*\*\*150.00

DOCUMENT # P97000007678

1. Corporation Name

UNIFOUR HOME BUILDERS OF INDIAN RIVER COUNTY, IN  
C.

Principal Place of Business

4685 1ST ST  
VERO BEACH FL 32968

Mailing Address

4685 1ST ST  
VERO BEACH FL 32968

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified.

01/21/1997

4. FEI Number

65-0727689

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
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

RUSS, MERRILL A

4685 1ST ST

VERO BEACH FL 32968

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 P  
NAME BROXTON, CLAYTON  
STREET ADDRESS 4321 35TH AVE  
CITY-ST-ZIP VERO BEACH FL 32967

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE VP  
NAME TEAGUE, JAMES D  
STREET ADDRESS 1533 24TH AVE  
CITY-ST-ZIP VERO BEACH FL 32960

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE S  
NAME RUSS, MERRILL A  
STREET ADDRESS 4685 1ST STREET  
CITY-ST-ZIP VERO BEACH FL 32968

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE T  
NAME IDLETEST, JOE N  
STREET ADDRESS 4730 58TH AVE  
CITY-ST-ZIP VERO BEACH FL 32967

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE

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

Signature, typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (1/98)