

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

FILED  
Feb 17 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 # P97000009407 (2)

1. Corporation Name

DAVID'S NORTH FLORIDA HOMES, INC.

Principal Place of Business

327 NO HERNANDO ST  
LAKE CITY FL 32055

Mailing Address

327 NO HERNANDO ST  
LAKE CITY FL 32055

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/27/1997

4. FEI Number

59-3433128

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible

Personal Property Tax due June 30

☐

Yes

☐

No

2. Principal Place of Business

21 Route 13, Box 1072

Suite, Apt. #, etc.

22

City & State

23 Lake City, Florida

Zip

24 32055

Country

25

2a. Mailing Address

26 Route 13, Box 1072

Suite, Apt. #, etc.

27

City & State

28 Lake City, Florida

Zip

29 32055

Country

30

9. Name and Address of Current Registered Agent

PEELE, S A  
327 NO HERNANDO ST  
LAKE CITY FL 32055

81 Name

Brian D. Bickel, Jr.

82 Street Address (P.O. Box Number is Not Acceptable)

Route 13, Box 1072

83

84 City

Lake City

FL

85 Zip Code

32055

10. Name and Address of New Registered Agent

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 *Brian D. Bickel, Jr.*

Signature, typed or printed name of registered agent and title if applicable

*Brian D. Bickel, Jr.*

(NOTE: Registered Agent signature required when reinstating)

*2-10-98*

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME PEELE, S A  
STREET ADDRESS 327 NO HERNANDO ST  
CITY-ST-ZIP LAKE CITY FL 32055

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Brian D. Bickel, Jr.

1.3 STREET ADDRESS Route 13, Box 1072

1.4 CITY-ST-ZIP Lake City, Florida 32055

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME S, T & D

2.3 STREET ADDRESS Brian D. Bickel, Sr.

2.4 CITY-ST-ZIP Route 13, Box 1072

Lake City, Florida 32055

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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.

SIGNATURE *Brian D. Bickel, Jr.*

*Brian D. Bickel, Jr.*

*2-10-98* (SMA 251 1091)

CR2E034 (10/97)