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

02-27-1999 90015 048 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000009407

1. Corporation Name

DAVID'S NORTH FLORIDA HOMES, INC.

Principal Place of Business

Mailing Address

RT 13, BOX 1072
LAKE CITY FL 32055
US

RT 13, BOX 1072
LAKE CITY FL 32055
US

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
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 4760 W. Hwy. 90

26 4760 W. Hwy. 90

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Lake City, Florida

28 Lake City, Florida

Zip

Country

Zip

Country

24 32055

25 US

29 32055

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BICKEL, BRIAN D JR
RT 13, BOX 1072
LAKE CITY FL 32055

81 Name

Bickel, Brian D. Jr.

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

4760 W. Hwy. 90

83

84 City
Lake City

FL

85 Zip Code
32055

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.

1/4/99

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 PD ☐ DELETE
NAME BICKEL, BRIAN D JR
STREET ADDRESS RT 13, BOX 1072
CITY-ST-ZIP LAKE CITY FL 32055

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Bickel, Brian D., Jr.
1.3 STREET ADDRESS 4760 W. Hwy. 90
1.4 CITY-ST-ZIP Lake City, Florida 32055

TITLE STD ☐ DELETE
NAME BICKEL, BRIAN D SR
STREET ADDRESS RT 13, BOX 1072
CITY-ST-ZIP LAKE CITY FL 32055

2.1 TITLE STD ☒ Change ☐ Addition
2.2 NAME Bickel, Brian D. Sr.
2.3 STREET ADDRESS 4760 W. Hwy. 90
2.4 CITY-ST-ZIP Lake City, Florida 32055

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Brian David Bickel Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRIAN DAVID

1/4/99

(904) 752-1581

Bickel, Jr. President
Daytime Phone #

CR2E034 (11/98)