

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17 1998 8:00am
Secretary of State

DOCUMENT #
1. Corporation Name

First Coast Custom Homes Inc.

Principal Place of Business

Mailing Address

2200 Winter Springs Blvd. Suite
DUIEDO FL. 106294
32765-9344

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2/97

4. FEI Number

59-3433122

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 or has paid the current year intangible
Personal Property Tax due June 30

Yes ☒ No ☐

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EDWARD SPENO Suite 106294
2200 Winter Springs Blvd
DUIEDO FL. 32765-9344

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, this 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

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME Michael O. Crawford
STREET ADDRESS 2200 Winter Springs Blvd
CITY, ST, ZIP DUIEDO FL 32765-9344

1. TITLE
1. NAME Pres
1. STREET ADDRESS Pres.
1. CITY, ST, ZIP Director

TITLE
NAME EDWARD SPENO
STREET ADDRESS 2200 Winter Springs Blvd
CITY, ST, ZIP DUIEDO FL 32765-9344

2. TITLE
2. NAME Vice Pres
2. STREET ADDRESS Sec.
2. CITY, ST, ZIP Director

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

3. TITLE
3. NAME
3. STREET ADDRESS
3. CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4. TITLE
4. NAME
4. STREET ADDRESS
4. CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5. TITLE
5. NAME
5. STREET ADDRESS
5. CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6. TITLE
6. NAME
6. STREET ADDRESS
6. CITY, ST, ZIP

14. I hereby certify that the information provided in this filing does not qualify for the exemption stated in Section 119.075(5)(b), Florida Statutes. I further certify that the information
provided on this 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 a person authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in
Block 12 or Block 13 of this report, or in a statement with an address.

SIGNATURE

EDWARD SPENO 3/11/98 407-3593797

CR2E034 (10/97)