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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Corretors of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000024738 (1)

SUNBELT HOME BUYERS, INC.

FILED Apr 16 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 5141 S PINEVILLE FIOAD 5141 S PINEVILLE ROAD WALNUT HILL FL 32568 WALNUT HILL FL 32568 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/14/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 59-3437289 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Ζıρ Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MCIVER, KEITH A 81 Name 101 E GOVERNMENT ST Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32501 84 City 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE President ☐ Change Addition NAME 1.2 NAME Michael R. Loman 5141 S. Pineville Road STREET ADDRESS 1.3 STREET ADDRESS Walnut Hill, FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE __ Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE ☐ Change TITLE 4.1 TITLE ☐ Addition NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE. 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE Change ___ Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **63 STREET ADDRESS** CITY-ST-ZIP 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: Cree La Charles William R. LOMAN APRIL 10 1998 950474419

CR2E034 (10/97)