

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

DOCUMENT # P97000026464

1. Corporation Name
PREVUE HOMES, INC.

Principal Place of Business
6700 SOUTH FLORIDA AVENUE -
SUITE 11-
LAKELAND FL 33813

Mailing Address
P O BOX 6420
SUITE 11-
LAKELAND FL 33807
US

2. Principal Place of Business
21 6700 S. Florida Ave.
Suite, Apt. #, etc.

2a. Mailing Address
26 P. O. Box 7667
Suite, Apt. #, etc.

22 Suite #6
City & State

27
City & State
28 Lakeland, Florida

23 Lakeland, Florida
Zip Country

29 33807 30 US

24 33813 25 US

9. Name and Address of Current Registered Agent

W. W. ELLSWORTH, JR.
6700 S FLORIDA AVE
STE 6
LAKELAND FL 33813

3. Date Incorporated or Qualified
03/19/1997

4. FEI Number
59-3437672
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name
W. Wm. Ellsworth, Jr.
82 Street Address (P.O. Box Number is Not Acceptable)
6700 South Florida Ave.
83 Suite #6
84 City
Lakeland FL 85 Zip Code
33813

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

3/16/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME ELLSWORTH, W WM JR
STREET ADDRESS 6700 S FLORIDA AVE STE 6
CITY-ST-ZIP LAKELAND FL 33813

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME D
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/99

Date

941/644-9197

Daytime Phone #

CR2E034 (1/98)

04/30/1999

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90109 044 ***150.00



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