**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000034247

1. Corporation Name

JADE HOMES INC.

Principal Place of Business

Mailing Address

## FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90059 039 \*\*\*150.00



4134 GULF OF MEXICO DRIVE STE 302 LONGBOAT KEY FL 34228  4134 GULF OF MEXICO DRIVE STE 302 LONGBOAT KEY FL 34228					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  04/14/1997			
Principal Place of Business     2a. Mailing Address					4. FEI Number	<b> </b>	Applied For	
21		26			65-0775971		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State City & State					6. Election Campaign Financing Trust Fund Contribution		May Be d to Fees	
Zip	Country Zip Coul  25 29 30			•	<ol><li>This corporation owes the current yearsonal Property Tax.</li></ol>	ear Intangible Yes	No	
<u> </u>	9. Name and Address of Current	Registered Agent			10. Name and Address of New Regis	tered Agent		
			81	Name				
WOMACK, GEORGE 4134 GULF OF MEXICO DRIVE STE 302			82	Street	Address (P.O. Box Number is Not Acceptable)			
			83					
LON	GBOAT KEY FL 34228		84	City		FL 85 Zip	Code	
				L .	corporation submits this statement for the purp		ta registered	
office or re agent. I as	egistered agent, or both, in the State of n familiar with, and accept the obligatio	Florida, Such change was au ens of, Section 607,0505, Flori	thorized by da Statutes	tne corpo	oration's board of directors. Thereby accept the	appointment as I	registered	
	Signature, typed or printed name of registered agent a OFFICERS AND		13.	nt signature i	ADDITIONS/CHANGES TO OFFICE		ORS IN 12	
12.	PD OFFICERS AND	DELETE	1.1 TITLE		ADDITIONS/OTTANGES TO STITLE	☐ Change		
TITLE			1.7 NAME				_	
NAME	COLES, ANDREW M							
STREET ADDRESS	4134 GULF OF MEXICO DRIVE			TADDRESS				
CITY-ST-ZIP	LONGBOAT KEY FL 34228	- Delete	1.4 CITY-S	T- ZIP		Change	e	
TITLE	VD	☐ DELETE	2.1 TITLE				, Claditon	
NAME	COLES, JASON D		2.2 NAME					
STREET ADDRESS	4134 GULF OF MEXICO DRIVE		2.3 STREE	T ADDRESS				
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP			F**1 4 4 3 10	
TITLE	VD ,	☐ DELETE	3.1 TITLE			Change	Addition	
NAME	COLES, DERICK M		3.2 NAME					
STREET ADDRESS	4134 GULF OF MEXICO DRIVE		3.3 STREE	T ADORESS				
CITY-ST-ZIP	LONGBOAT KEY FL 34228		3.4. CITY-	ST-ZIP	<u> </u>			
TITLE	D	☐ DELETE	4.1 TITLE			Change	e 🗌 Addition	
NAME	WOMACK, GEORGE H		4. 2 NAME					
STREET ADDRESS	4134 GULF OF MEXICO DRIVE		4.3 STREE	TADDRESS				
CITY-ST-ZIP	LONGBOAT KEY FL 34228 4.4 CI		4.4 CITY-5	T-ZIP				
TITLE	SD	☐ DELETE	5.1 TITLE			Change	e 🔲 Addition	
NAME	BROWN, ANTHONY J		5.2 NAME					
STREET ADDRESS	4134 GULF OF MEXICO DR		5.3 STREE	T ADDRESS			ļ	
CITY-ST-ZIP	LONG BOAT KEY FL 34228		5.4 CITY-5	T-ZIP			ļ	
TITLE	DOTTO DOTTO THE TE OTHER	DELETE	6.1 TITLE			Change	e Addition	
			6.2 NAME					
NAME			ı	TADORESS			1	
STREET ADDRESS			6.4 CITY-5					

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 TYPER OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR