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

FILED Jun 01 1998 8:00am **PROFIT** CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P97000042432 (9) DOCUMENT # HOMES BY J N F, INC. Principal Place of Business Mailing Address 834 91ST AVENUE NORTH 834 91ST AVENUE NORTH ST. PETERSBURG FL 33702 ST. PETERSBURG FL 33702 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/13/1997 2, Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 Suite, Apt. #, etc Suite, Apl. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 27 City & State City & Stato \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Injungible Yes Personal Property Tax due June 30. 24 25 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name NIX, JOSEPH **834 91ST AVENUE NORTH** 82 Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33702 83 84 City Zip Code 85 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. Lam familiar with land accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature: types or proportione and repartered agent and the disapplicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. NIX Change ___ Addition 13.180 THUE ANORES 12 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 1.4 C(1) y - \$1 - Z(P) CITY-ST-ZIP DELETE Change Addition 2111116 TITLE FRANK HETERSON 2.2 NAMI NAME + TONIWOOD LANG 2.3 STREET ADDRESS STREET ADDRESS CITY -ST-ZIP 2 4 City - S1 - ZiP DELETE Change noitibh TITLE 3.1 1111.6 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHY-\$1-2IP CITY-ST-ZIP DELETE Change Addition 5.13(0) TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP 186688485 Addition DELETE TITLE 6.1 TITLE -04/10/98--01019-6.2 NAME NAME ***300.00

6.3 STREET ADDRESS

V/1/90

6.4 CITY - \$1 - ZIP 14. Thereby certify that the information supplied with this filling 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 applicmental 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 outrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

STREET ADDRESS CITY - ST- ZIP

officer or director of the corporation of the Block 12 or Block 13 if changed or by a