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

DOCUMENT # P97000050889 (9)

ANTHONY HOMES INC

FILED May 21 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address | | | | | | | | | |
|--|-------------------|------------------------|---------------|--|--------------|------------------|---------------|---|--|
| 3253 TALLSHIP LANE PENSACOLA FL 32526 | | | | 3253 TALLSHIP LANE PENSACOLA FL 32526 | | | | DO NOT WRITE IN THI S S PACE | |
| | | | | | | | | 3. Date Incorporated or Qualified 06/09/1997 | |
| 2. Principal P | lace of Busin | ness | 24 | 2a. Mailing Address | | | | 4. FEI Number Applied For | |
| 21 | | | | 26 | | | | 59-3455590 Not Applicable | |
| | | | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired S8.75 Additional Fee Required | |
| City & State | | | | City & State | | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | |
| , Zip | | Country | | Zip | Co | Country | | 8. This corporation owes or has paid the current year Intangible | |
| 24 | | 25 | 29 | | 30 | <u> </u> | | Personal Property Tax due June 30. Yes No | |
| | | and Address of Cu | rrent Regi | Istered Agent | | 04 | Nome | 10. Name and Address of New Registered Agent | |
| | NFILIPPO, | | | | | 81 Name | | | |
| 3253 TALLSHIP LANE PENSACOLA FL 32526 | | | | | | 82 | Street | et Address (P.O. Box Number is Not Acceptable) | |
| | | | | | | 83 | | | |
| | | | | | | 84 | City | FL 85 Zip Code | |
| office or r | egistered ag | ent, or both, in the S | itate of Flor | 607.1508, Florida Sta rida. Such change wa of, Section 607.0505, | as authorize | d by | the cor | ned corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered | |
| SIGNATURE | | | | | | | | | |
| Signature, typicd or pointed name of registered agent and title if applicable (NOTE: Registera | | | | | | d Age | ont signature | ature required when re-installing) DATE | |
| 12. | | OFFICERS | AND DIRE | DELETE | 13, | 1.1 TITLE | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition | |
| NAME | | | | | 4 | 1.2 NAME | | STEVEN P. SANFILIPPO | |
| | | | | | 1.2 N | 1.2 NAME | | 3253 TAUSHIP LANE | |
| STREET ADDRESS CITY-ST-ZIP | | | | | | 1.4 CITY-ST-ZIP | | PENSACOLA, FLORIDA 32526 | |
| TITLE | <u>-</u> | | | DELETE | | 1 TITLE | | Change Addition | |
| NAME | | | | | f | 2.2 NAME | | | |
| STREET ADDRESS | | | | | | 2.3 STREET ADDR | | ss | |
| CITY-ST-ZIP | | | | | | 2. 4 CITY - ST - | | | |
| TITLE | | | | ☐ DELETE | | 31 TITLE | | Change Addition | |
| NAME | | | | | 32 N | 3.2 NAME | | | |
| STREET ADDRESS | | | | | 335 | TREET | ADDRESS | 22 | |
| CITY-ST-ZIP | | | | | 34.1 | OITY - S | ST-ZIP | | |
| TITLE | | | | DELETE | 4.1 T | 4.1 TITLE | | ☐ Change ☐ Addition | |
| NAME | | | | | 4.21 | NAME | | | |
| STREET ADDRESS | | | | | 4.3 \$ | TREET | ADDRESS | ss l | |
| CITY-ST-ZIP | | | | | 4.4 0 | ITY-S | T-ZIP | | |
| TITLE | | | | DELETE | 5.1 1 | ULE | | Change Addition | |
| NAME | | | | | 52 N | AME | | | |
| STREET ADDRESS | | | | | 5.3 \$ | TREET | ADDRESS | ss | |
| CITY-ST-ZIP | | | | | 5.4 C | ITY-S | T-ZIP | | |
| TITLE | | | | ☐ DELETE | 6.11 | ITLE | | Change Addition | |
| NAME | | | | | 6.2 ₦ | AME | | | |
| STREET ADORESS | | | | | 6.3 S | TREEF | ADDRESS | ss | |
| CITY-ST-ZIP | | | | | | | T-ZIP | | |
| 14 I hereby o | continue that the | o information equation | oct with this | filing does not qualif | u for the ev | omn | tion state | totad in Section 119.07(3)(i) Florida Statutes I further certify that the information | |

I nereby 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 informatio 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 a address.