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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham, 🚁

Secretary of State DIVISION OF CORPORATIONS

1998

P97000058454 (4) DOCUMENT #

FILED May 01 1998 8:00am Secretary of State

	S MAXWELL HOMES, INC.										
Principal Place of Business Mailing Address									22/2/ 0/14/		
5521 PIPELINE ROAD 5521 PIPELINE ROAD PENSACOLA FL 32505 PENSACOLA FL 32505						1					
							DO NOT WRITE IN THIS SPACE				
							 Date Incorpo 07/02/199 	rated or Qualified 17	•		
2. Principal Place of Business 2a. Mailing Address							4. FEI Number			ТА	pplied For
21		26					59-	31695	29	N	lot Applicable
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of	Status Desired		•	Additional
City & State	8 State City & State										lequired
23	28						6. Election Cam Trust Fund C		П		May Be to Fees
Zip	Country							ion owes or has p	paid the curr		
24	25	29 30					Personal Property Tax due June 30. Yes No				
	9. Name and Address of Curre	nt Registered Ag	ent				10. Name and A	ddress of New F	legistered A	gent	
	PE, RAY P			81	Name	9					
4400 BAYOU BLVD					Stree	t Addres	ress (P.O. Box Number is Not Acceptable)				
90	ITE-44-54B NSACOKA FL 32503			8:							
, ,	HONOUN FE SESSO				<u> </u>						
				84	City				FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508,	Florida Statute	s, the abov	/e-name	d corpor	ration submits this	statement for the	purpose of	changing i	its registered
office or r agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida, Such- jations of, Section	change was at 607.05 0 5, Flor	uthorized b rida Statute	y the co es.	rporation	n's board of direct	ors. I hereby acc	ept the appo	sintment as	s registered
SIGNATURE		•	,								
	Signature, typed or printed name of registered ag	,	(NO1E		jent signatu	periuper er	when reinstating)		DATE		
12.	OFFICERS AN	ID DIRECTORS	DELETE	13. 1.1 TITLE			ADDITIONS/CI	IANGES TO OFF	ICERS AND	DIRECTOR Change	RS IN 12
NAME	JOHNSON, CURTIS M		_ becent	1.2 NAME					· ·	Criange	Audition
STREET ADDRESS	5521 PIPELINE ROAD				T ADDRESS						
CITY-ST-ZIP	PENSACOLA FL 32505			1.4 CITY-							
TITLE	D		DELETE	2.1 TITLE	DI 211	 				Change	☐ Addition
NAME				2.2 NAME							
STREET ADDRESS	\$5 21 PIPELINE ROAD			2.3 STREE	t address						
CITY-ST-7IP	PENSACOLA FL 32505		-	2 4 CITY	ST - ZIP	<u> </u>					
			DELETE	3.1 TITLE					Į.	Change	☐ Addition
HAME				3.2 NAME							
STREET ADDRESS					T ADDRESS						
CITY-ST-ZIP TITLE		r	DELETE	3.4. CITY- 4.1 TITLE	ST-ZIP	 				Change	Addition
NAME		_	_ >	4. 2 NAM	:				'		, ,,dd,ttoli
STREET ADDRESS				1	t address						l
CITY-ST-ZIP				4.4 City-							
TITLE			DELETE	5.1 TITLE		 				Change	Addition
NAME				52 NAME							
STREET ADDRESS				53 STREE	t address						
CITY+ST-ZIP		·		5.4 CITY-	ST-ZIP						
TITLE		L	DELETE	61 TITLE		1				Change	☐ Addition
NAME				6.2 NAME							j
STREET ADDRESS					T ADDRESS						
CITY-ST-ZIP	pertify that the information supplied v	vith this filing doos	not qualify for	6.4 CITY-		Led in Sc	ection 119 07(3)(i)	Florida Statutes	I further cer	tify that the	e information
NOI OOY (come and anomaliment outstands a	THE WIND WING GOOD	Condemy los	TIO OVOILI	- in track			Diamino.			S I CHINALION

indicated on this annual report or supplemental annual report is true a officer or director of the corporation or the receiver or trusted empoyer Block 12 or Block 13 if changed, or on an attack month with applicates true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an Thornered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in

ř