

**FILED**  
**Apr 02, 1999 8:00 am**  
**Secretary of State**

04-02-1999 90037 034 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P97000070424**

1. Corporation Name  
~~SOUTHERN STAR INVESTMENTS, INC.~~ *Golden Rule Custom Homes, Inc*



Principal Place of Business  
~~3336 CRESTVIEW ST.~~  
**GULF BREEZE FL 32561**

Mailing Address  
~~P.O. BOX 1862~~  
**PENSACOLA FL 32509**  
**US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1321 Tour Drive Suite, Apt. #, etc.		2a. Mailing Address 26 1321 Tour Drive Suite, Apt. #, etc.		3. Date Incorporated or Qualified 08/14/1997
22 City & State 23 Gulf Breeze, Florida Zip Country 24 32561 25 USA		27 City & State 28 Gulf Breeze, Florida Zip Country 29 32561 30 USA		4. FEI Number 59-3468285 Applied For Not Applicable
9. Name and Address of Current Registered Agent SMITH, G. THOMAS SMITH & SAUER, P.A. 510 E. ZARAGOZA ST. PENSACOLA FL 32501		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		
		10. Name and Address of New Registered Agent		

81 Name  
Roy Randal Joyner  
82 Street Address (P.O. Box Number is Not Acceptable)  
1321 Tour Drive  
83  
84 City  
Gulf Breeze FL 85 Zip Code  
32561

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	0 RAY, WALTER D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DPST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAY, WALTER D	1.2 NAME	Roy Randal Joyner
STREET ADDRESS	3336 CRESTVIEW ST.	1.3 STREET ADDRESS	1321 Tour Drive
CITY-ST-ZIP	GULF BREEZE FL 32561	1.4 CITY-ST-ZIP	Gulf Breeze, FL 32561
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 REQUIRED

3/31/99

(850) 932-7114

SIGNATURE AND TYPED NAME OF SORING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)