

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

FILED  
May 04 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Worthington  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000073828 (0)

1. Corporation Name

CENTRAL FLORIDA HOME SALES, INC.



Principal Place of Business

Mailing Address

5801 DUNCAN RD., LOT 100  
PUNTA GORDA FL 33982

5801 DUNCAN RD., LOT 100  
PUNTA GORDA FL 33982

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/25/1997

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 511958

26 P.O. Box 511958

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

Not Applicable

65-0777819

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

City & State

23 PUNTA GORDA, FL

28 PUNTA GORDA, FL

Zip

Country

Zip

Country

24 33951

25

29 33951

30

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COX, WILLIAM T  
5801 DUNCAN RD., LOT 100  
PUNTA GORDA FL 33982

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME ANTHONY, DAVID  
STREET ADDRESS P.O. BOX 240  
CITY-ST-ZIP PUNTA GORDA FL 33951

☐ DELETE

1.1 TITLE DP  
1.2 NAME ANTHONY DAVID  
1.3 STREET ADDRESS 110 DANFORTH DR.  
1.4 CITY-ST-ZIP PORT CHARLOTTE FL 33980

☒ Change ☐ Addition

TITLE DV  
NAME ROSE, STANLEY  
STREET ADDRESS 5000 RUSTIC DR.  
CITY-ST-ZIP PUNTA GORDA FL 33982

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DST  
NAME COX, WILLIAM T  
STREET ADDRESS 5801 DUNCAN RD., LOT 100  
CITY-ST-ZIP PUNTA GORDA FL 33982

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE

200002511562  
-05/05/98--01115--040  
\*\*\*150.00

4/3/98 9:47:53F-1235

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