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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 11 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000100563 (0)**

SOUTHERN HOMES CENTERS LIMITED, INC.

OCCUPANTIONES SERVEDO EMPLEO MO									
Principal Place	of Business	Mailing Address				1 1861-1884 bin Initi 1881) ABIII NETis Baint (181		THE THE ISE	
9000 NW 13 ST. 9000 NW 13 ST. GAINESVILLE FL 32653						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			٦
						11/24/1997			-
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied Fo			
21 26						59-3483666 Not A			,
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired \$8.75 Add			
22 27								Required	4
City & State	•	 	City & State			6. Election Campaign Financing Trust Fund Contribution	7	D May Be ito Fees	ı
Zip	Country	28 Zip	Coun	itrv		8. This corporation owes or has paid the			\dashv
24	25	29	30	,		Personal Property Tax due June 30.		No No	
[24]	9, Name and Address of Curre		1001			10. Name and Address of New Registe	red Agent		_
KR	ESEL, JOANNE		1	B1 Nai	ne				
	0 NW 13 ST.		h _a	B2 Stre	et Addr	ess (P.O. Box Number is Not Acceptable)			\dashv
	NESVILLE FL 32653			0		555 (1.57 ESK 1151			╛
			[4	B3					1
]			-	B4 City	· · · · · · · · · · · · · · · · · · ·		85 Zip	Code	┨
]			FL		┙
11. Pursuant to	o the provisions of Sections 607.05	02 and 607.1508, Florida Statue of Florida, Such change was	utes, the abo	ove-nan	ned corp corporat	oration submits this statement for the purpo- ion's board of directors. I hereby accept the	se of changing appointment a	its registered is registered	
agent. I an	n familiar with, and accept the obli	gations of, Section 607.0505, F	lorida Statu	iles.	, p			·	
SIGNATURE .									
	Signature, typed or printed name of registered a	gent and title it applicable (NC ND DIRECTORS	13.	Agent sign	ature require	ed when reinstating) DA ADDITIONS/CHANGES TO OFFICERS		DRS IN 12	4!
TITLE	D OFFICERS AI	DELETE	1.1 TITLE		 1	ADDITIONS/CITANGES TO CITIOETS	☐ Change		,
NAME			1.2 NAM				•		
STREET ADDRESS	APAR 1811 AR 115		1.3 STREET ADDRESS		:ss				
CITY-ST-ZIP	GAINESVILLE FL 32605			Y+ST-ZIP					- là
TITLE	D	DELETE	2.1 TITL				Change	Addition	٦į
NAME	KRIESEL, ROBERT		2.2 NAM	ME	1				
STREET ADDRESS	3506 NW 49 AVE.		2.3 STR	EET AOORE	ss				1
CITY-ST-ZIP	GAINESVILLE FL 32605		2.4 CIT	Y-ST-ZIP					╝
TITLE		DELETE	3.1 TITE	LE			☐ Change	Addition	1
NAME			3.2 NAM	ME					
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NAME			5.2 NAM						
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NAME			6.2 NAM	me Reet addre					
STREET ADDRESS					.oo				
14. Lherehy c	ertify that the information supplied	with this filing does not qualify		Y-ST-ZIP motion s	L	Section 119.07(3)(i), Florida Statutes. I furthe	er certify that th	ne information	\dashv

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 - WALL AT WHAT ROBERT O. KRIESELY-8098 (352) 375-979