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

Mailing Address

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000106258

Principal Place of Business

TODAY HOMES OF PLANT CITY, INC.

110 E REYNOLDS ST #600 UNIT 6 PLANT CITY FL 33566		110 E REYNOLDS ST #600 UNIT 6 PLANT CITY FL 33566					-	1
US		US	•		DO N	NOT WRITE IN TH	IIS SPACE	
		·			<ol> <li>Date Incorporated or 12/18/1997</li> </ol>	Qualifed		}
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
21		26			59-3485183	*1	No	t Applicable
Suite, Apt.	# etc.	Suite, Apt. #, etc.					\$8.75	Additional
22	.,	27			5. Certifcate of Status D	esired	Fee Re	quired
City & Stat	le	City & State			6. Election Campaign Fi	inancing	\$5.00	May Be
23		28			Trust Fund Contributi	on 🗀	Added t	o Fees
Zip	Country	Zip	Country		8. This corporation owe	s the current year		_
24	25	29	30		Personal Property Ta			□No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address	of New Registere	ed Agent	
,		W The state of the	81	Name	•			
MUS	GROVE, DANNY J	81.7	82	Street Addr	ess (P.O. Box Number is No	ot Acceptable)	•	`
	O DITE OF WE OCCUM				17 B 17 1.	desc <u>ario de la comercia</u>	Freezens of the Pos	CP 19835 STORE
PLAI	NT CITY FL 33566		83					310 31 33
		-	84	City	2.7/ (2.8) (1.8) (1.8)	7,34,34,65	85 Zip (	Code
	STATE OF THE STATE	AND A BORRES OF A STATE OF A	21 mg	-		<u>, F</u>	<u>L                                      </u>	
11. Pursuant	to the provisions of Sections 607.05 registered agent, or both, in the State im familiar with, and accept the oblig	02 and 607.1508, Florida Statute of Florida, Such change was au	s, the above thorized by t	-named corporation	oration submits this stateme on's board of directors. I here	nt for the purpose eby accept the app	of changing its pointment as re	registered gistered
🗯 agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flori	da Statutes.		i,		•	1
SIGNATURE	Signature, typed or printed name of registered ag	: (NOTE: I	Registered Agent	skonature require	d when reinstating) ا	DATE		
AND OUR OVER THE OUR OF THE OUR OWNERS OF THE OWNER OF THE OWNER OF THE OWNER								
42	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGE	S TO OFFICERS	AND DIRECTO	RS IN 12
12.		ND DIRECTORS  DELETE	13. 1.1 TITLE	<del></del>	ADDITIONS/CHANGE	S TO OFFICERS	AND DIRECTO Change	DRS IN 12
TITLE	PTD		1.1 TITLE		ADDITIONS/CHANGE	S TO OFFICERS		
TITLE NAME	PTD MUSGROVE, DANNY J	☐ DELETE	1.1 TITLE 1.2 NAME	ADDRESS		S TO OFFICERS		
TITLE NAME STREET ADDRESS	PTD MUSGROVE, DANNY J 110 E REYNOLDS ST #600 L	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET.	[		S TO OFFICERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MUSGROVE, DANNY J 110 E REYNOLDS ST #600 U PLANT CITY FL 33566	DELETE	1.1 TITLE 1.2 NAME 1.3 STREET. 1.4 CITY-ST	[		S TO OFFICERS	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PTD MUSGROVE, DANNY J 110 E REYNOLDS ST #600 U PLANT CITY FL 33566 VSD	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET. 1.4 CITY-ST 2.1 TITLE	į.		S TO OFFICERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MUSGROVE, DANNY J 110 E REYNOLDS ST #600 U PLANT CITY FL 33566 VSD MUSGROVE, RHONDA G	DELETE    DELETE	1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME	-ZIP		S TO OFFICERS	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PTD MUSGROVE, DANNY J 110 E REYNOLDS ST #600 U PLANT CITY FL 33566 VSD MUSGROVE, RHONDA G 110 E REYNOLDS ST #600 U	DELETE  UNIT 6  □ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET. 1.4 CITY-ST 2.1 TITLE	-ZIP		S TO OFFICERS	☐ Change	Addition
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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.

6.4 CITY-ST-ZIP

**FILED** 

Feb 08, 1999 8:00am

**Secretary of State** 

02-08-1999 90056 012 \*\*\*150.00