

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90048 021 ***158.75

DOCUMENT # P98000006590

1. Corporation Name
BANYAN HOMES, INC.



Principal Place of Business
**217 CHARLEMAGNE CIRCLE
PONTE VEDRA BEACH FL 32082**

Mailing Address
**217 CHARLEMAGNE CIRCLE
PONTE VEDRA BEACH FL 32082**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/22/1998

4. FEI Number
59-3497657

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 **7635 Founders Way**
Suite, Apt. #, etc.

2a. Mailing Address
26 **7635 Founders Way**
Suite, Apt. #, etc.

City & State
23 **Ponte Vedra Beach, FL**

City & State
28 **Ponte Vedra Beach, FL**

Zip Country
24 **32082** 25 **St. Johns**

Zip Country
29 **32082** 30 **St. Johns**

9. Name and Address of Current Registered Agent

**WEBB, THOMAS C
217 CHARLEMAGNE CIRCLE
PONTE VEDRA BEACH FL 32082**

10. Name and Address of New Registered Agent

81 Name **Thomas C Webb**
82 Street Address (P.O. Box Number is Not Acceptable)
7635 Founders Way
83
84 City **Ponte Vedra Beach** FL 85 Zip Code **32082**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Thomas C Webb

4/27/99

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **WEBB, THOMAS C**
STREET ADDRESS **217 CHARLEMAGNE CIRCLE**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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STREET ADDRESS
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☐ Addition
1.2 NAME **Webb, Thomas C**
1.3 STREET ADDRESS **7635 Founders Way**
1.4 CITY-ST-ZIP **Ponte Vedra Beach, FL 32082**

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Thomas C Webb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/27/99

Daytime Phone #

904-273-8205

CR2E034 (11/98)

001649