PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000024809 1. Corporation Name

BLANCHARD HOMES, INC.

**FILED** Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90164 026 \*\*\*150.00

Principal Place	e of Business	Mai	ling Address							****
1225 LAGOON RD 1225 LAGOON RD								•		
TARPON SPRINGS FL 34689 TARPON SPRINGS FL 346				9				DO NOT WRITE IN THE SPACE		
								DO NOT WRITE IN THIS SPACE		
						_		3. Date Incorporated or Qualifed 03/16/1998	<u> </u>	
2. Principal P	lace of Business	2a.	Mailing Address	_				4. FEI Number	<del></del>	lied For
21	·	26						59-3499706		Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certifcate of Status Desired	<b>8.75</b> A	
22			27							
City & State			City & State					1	\$5.00 t Added to	
23		28	7:		ntn.			Trust Fund Contribution		7 003
Zip	Country Zio			Country 30				8. This corporation owes the current year Intangi Personal Property Tax.		<b>24</b> No
24	25	29		30	_			10. Name and Address of New Registered Age		
	9. Name and Address of Current	Regist	ered Agent		81	Name		10. Haine and Address of New Yorkstone 1.85		
RI AI	NCHARD, DAVID A					- Tank				
1225 LAGOON RD					82	Street Address (P.O. Box Number is Not Acceptable)				j
TARPON SPRINGS FL 34689									<del></del>	
1/41	011 01 1 m 1 d 0 1 d 0 1 d 0 1				83					
					84	City		FL	S5 Zip C	ode
		1.00	# 4500 Flastida Chabada	- 45	<u></u>			oration submits this statement for the purpose of cha	noing its t	egistered
office as a	agistered agent or both in the State o	け としつかつ:	a. Such change was al	unonzeo	עסנ	me con	poration	n's board of directors. I hereby accept the appointment	ent as reg	istered
agent. I a	m familiar with, and accept the obligati	ons of,	Section 607.0505, Flor	ida Stat	utes.					Į
SIGNATURE								when reinstation) DATE		
	Signature, typed or printed name of registered agent		<u>''</u>	Registered	Agen	t signature	required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTO	RS IN 12
12.	PTD OFFICERS AND	DIREC	□ DELETE	1.1 TI	n F		Τ		Change	Addition
TITLE	BLANCHARD, DAVID A			1.2 N					•	
NAME	JOSE LACCONI DD					ADDRES				-
STREET ADDRESS	TARPON SPRINGS FL 34689						'			
CITY-ST-ZIP	VSD VSD		☐ DELETE	2.1 Ti	TY-SI	- 2112	+-		Change	Addition
TITLE			- OLLE IE	2.1 N						
NAME	PAYNE, WILLIAM H					ADDRES				
STREET ADDRESS	TARPON SPRINGS FL 34689			1			<b>'</b> [			{
CITY-ST-ZIP	TANFON SPRINGS I E 34009		☐ DELETE	3.1 TI	TIF	1-ZIP	+		] Change	Addition
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NAME						ADDRES				}
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NAME						ADDRES				}
STREET ADDRESS					ITY-SI		1			ļ
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NAME				•		ADDRES	s			ſ
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CITY-ST-ZIP TITLE			☐ DELETE	6.1 T					Change	Addition
	}			6.2 N			1			
NAME						ADDRES	s			1
STREET ADDRESS					ITY-S		ļ			
CITY-ST-ZIP	İ			V			į.			

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: