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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90115 030 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # P98000031126

1. Corporation Name
ASPIRE HOMES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 7250 CAMP AZALEA ROAD, CHIEFLND FL 32626
 Mailing Address: 7250 CAMP AZALEA ROAD, CHIEFLND FL 32626

3. Date Incorporated or Qualified: **04/02/1998**
 4. FEI Number: **59-3504776**
 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) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
 2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent
HALLMAN, DAVID A
312 EAST PARK AVE.
CHIEFLND FL 32626

10. Name and Address of New Registered Agent
 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Pres	ANDY S. SPEARS P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME			
1.3 STREET ADDRESS		12929 SUGARCREEK BLVD	
1.4 CITY-ST-ZIP		HUDSON FL 34669	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	VICE PRESIDENT - V-	
2.2 NAME		PAULA J FOLLMER	
2.3 STREET ADDRESS		12929 SUGARCREEK BLVD	
2.4 CITY-ST-ZIP		HUDSON FL 34669	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	T/S	
3.2 NAME		Anne Thompson Calhan	
3.3 STREET ADDRESS		7250 CAMP AZALEA ROAD	
3.4 CITY-ST-ZIP		CHIEFLAND FL 32626	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ DATE: **1-9-99** DAYTIME PHONE #: **(727) 856-9133**

CR2E034 (1/198)