

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 07, 1999 8:00 am
Secretary of State

05-07-1999 90171 030 ***150.00

DOCUMENT # P98000042420

1. Corporation Name

ATLANTIC HORIZON HOMES, INC.

Principal Place of Business

128 HOMATE DRIVE
LONGWOOD FL 32750

Mailing Address

128 HOMATE DRIVE
LONGWOOD FL 32750

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/07/1998

2. Principal Place of Business

21 128 SHOMATE DR.
Suite, Apt. #, etc.

2a. Mailing Address

26 128 SHOMATE DR.
Suite, Apt. #, etc.

4. FEI Number

59-3515003

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

23 LONGWOOD, FL

City & State

28 LONGWOOD, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

24 32750

Zip

Country

29 32750

30

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

9. Name and Address of Current Registered Agent

PERDUE, ROSS
128 HOMATE DRIVE
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name

PERDUE, ROSS

82 Street Address (P.O. Box Number is Not Acceptable)

128 SHOMATE DR.

83

84 City

LONGWOOD

FL

85 Zip Code
32750

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

[Signature]

ROSS PERDUE - PRESIDENT

DATE

5/3/99

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

(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------------|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | P <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PERDUE, ROSS | 1.2 NAME | PERDUE, ROSS |
| STREET ADDRESS | 128 HOMATE DRIVE | 1.3 STREET ADDRESS | 128 SHOMATE DR. |
| CITY-ST-ZIP | LONGWOOD FL 32750 | 1.4 CITY-ST-ZIP | LONGWOOD, FL 32750 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 2.2 NAME | BUEHLER, ALBERT |
| STREET ADDRESS | | 2.3 STREET ADDRESS | 1441 COUNTY RD. 427 N. |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | LONGWOOD, FL 32750 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 3.2 NAME | MOSHER, RICHARD |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 718 MENDOZA DR. |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | ORLANDO, FL 32825 |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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:

[Signature] ROSS PERDUE

5/3/99

407-774-6078

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)