## 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

## DIVISION OF CO

DOCUMENT # P98000065381

Country

9. Name and Address of Current Registered Agent

25

T.M.C. HOME BUILDERS, INC.

Principal Place of Business 14732 HORSESHOE TRACE WELLINGTON FL 33414

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

29

Zip

14732 HORSESHOE TRACE WELLINGTON FL 33414

## FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90121 011 \*\*\*150.00



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

Not Applicable

□No

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

650851717

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

07/24/1998

4. FEI Number

Signature, typed or printed larm of registatered agent and task of expicitable.   NOTE Registered Agent signature required when normalating)   DATE			81	Name	
11. Pursuant to the provisions of Sections 807,0502 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 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 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 office or registered agent significant registered spents. The provided floridation of the state of the state of the state of the corporation's board of directors. I hereby accept the appointment as registered office or registered agent significant registered agent registered agent significant registered agent registere				82 Street Address (P.O. Box Number is Not Acceptable)	
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11. Pursuant to the provisions of Sections 807 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 organi. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE    Signature, hyeld of printed lamne of registered agent and the if spiciable.   NOTE: Registered Agent signature required when revealed by the corporation's board of directors. I hereby accept the appointment as registered organic agent.   Application of the purpose of changing its registered of the purpose of changing its registered organic agent.   Application of the purpose of changing its registered organic agent.   Application of the purpose of changing its registered organic agent.   Application of the purpose of changing its registered organic agent.   Application of the purpose of changing its registered organic agent.   Application of the purpose of changing its registered organic agent.   Application of the purpose of changing its registered organic agent.   Application of the purpose of changing its registered organic agent.   Application of the purpose of changing its registered organic agent.   Application of the purpose of changing its registered organic agent.   Application of the purpose of changing its registered organic agent.   Application of the purpose of changing its registered organic agent.   Application of the purpose of changing its registered organic agent.   Application of the purpose of purpose o	·				
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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	CITY-ST-ZIP · ·	att at at the Second in a continuous that with this filling door and accepte for the			in Section 119 07(3Vi) Florida Statutes I further certify that the information

Country

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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 informatic 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:



4-8-99

56 /- 790 - 46 76 Daytime Phone #

CR2E034 (11/98)