PROFIT CORPORATION ANNUAL REPORT

1999



DRIDA DEPARTMENT OF STATE Katherine H

Secretary of State

DIVISION OF CORPORATIONS

P9800087003 DOCUMENT # 1. Corporation Name

Prestige Homes, INC

Principal Place of Business

agent. I am familiar

Mailing Address

DA D

Aug 18, 1999 8:00 am Secretary of State

08-18-1999 90007 017 ***150.00

DO 120x 1222				
Destin Fl 32540 Destin Fl 32540		DO NOT WRITE IN THIS SPACE		
DESTIN FI SESTO	DESTINATIONS TO		3. Date Incorporated or Qualifed	
			October 09 1998	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 PO Box 1555	26 PO Box 1555		59-3590202	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State 28 Destin Fl		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip Country 24 32540 25 Okaloosa	Zip Cou	intry kaloosa	This corporation owes the current year Personal Property Tax.	Intangible ☐ Yes X No
			10. Name and Address of New Registered Agent	
Gale R. Hohnadell		81 Name		
3206 Bay Estates Circle		82 Street Address (P.O. Box Number is Not Acceptable)		
Destin Fl 32541		83		
•		84 City	F	
Pursuant to the provisions of Sections 607 0502 office or registered agent, or both, in the state of agent. I am familiar with and accept the obligation.	f Florida. Such change was authorized	d by the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered pointment as registered

08/12/99 SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13 12. ☐ DELETE ☐ Change ☐ Addition 1.1 TITLE President TITLE Gale R. Hohnadell 12 NAME NAME 3206 Bay Estates Circle 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZiP FL 32540 CITY-ST-ZIP Addition ☐ Change ☐ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 4.1 TITLE T/TIE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change □ DELETE _ 5.1 ПЛЕ TITLE 5,2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing dees 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 charged, or on an additional management with an address, with all other like empowered.

SIGNATURE:

Code R. Hobradell President 08/12/99 (\$50) 974-4555

CR2E034 (11/98)