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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000087859

1. Corporation Name
ABC HOMES, INC.

Principal Place of Business
**3936 S. SEMORAN BLVD., SUITE 1508
ORLANDO FL 32822**

Mailing Address
**3936 S. SEMORAN BLVD., SUITE 1508
ORLANDO FL 32822**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/13/1998

4. FEI Number
54-3538094

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Election: Campaign Financing ☐ **\$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 **2510 S. Highway A1A**
Suite, Apt. #, etc.

2a. Mailing Address
26 **PO Box 729**
Suite, Apt. #, etc.

22 City & State
23 **Ft. Pierce, FL**

27 City & State
28 **Melbourne, FL**

24 Zip **34944** 25 Country **USA**

29 Zip **32902** 30 Country **USA**

9. Name and Address of Current Registered Agent

**DEHARDER, ROBERT
3936 S. SEMORAN BLVD., SUITE 1508
ORLANDO FL 32822**

10. Name and Address of New Registered Agent

81 Name **Robert DeHarder**
82 Street Address (P.O. Box Number is Not Acceptable) **2510 S. Highway A1A**
83
84 City **Ft. Pierce** FL 85 Zip Code **34949**

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 **Robert DeHarder**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-30-99

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **DEHARDER, ROBERT**
STREET ADDRESS **3936 S. SEMORAN BLVD., SUITE 1508**
CITY-ST-ZIP **ORLANDO FL 32822**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **Robert DeHarder**
1.3 STREET ADDRESS **2510 S. Highway A1A**
1.4 CITY-ST-ZIP **Ft. Pierce, FL 34949**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert DeHarder, Director

Date

Daytime Phone #

407-431-8108

CR2E034 (11/98)