**PROFIT CORPORATION** ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT 3 1. Corporation Name	P98000091938

SAFETY HARBOR HOMES, INC.

## FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90014 019 \*\*\*158.75



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Principal Ptace	e of Business	Mailing Address								
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NORTH MYERS	FL 33903	NORTH MYERS FL 33903			i	DO NOT WRITE IN THIS SPACE				
	•				-	3. Date incorpora				
					- {	10/29/1998		••		
2 Original C	lace of Business	Za. Mailing Address			—— <del> </del> -	4. FEI Number			Ar	plied For
<b>-</b>	GOS OF DOSMINOSS	26 PO BOX 290	6		1	65-0	<i>११७</i> 2	61	<del></del>	t Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.	<u> </u>			<u> </u>		-/		Add tional
22	, O.O.	27			- }	5. Certificate of S	itatus Desired	<b>₩</b>	Fee R	equired
	, in the second		* 7 *Cur* * **	<u> </u>		6. Election Camp	alon Financi	\d	-\$5.00	May Be
23	-	28 FORT MYERS	PI	•	- 1	Trust Fund Co	-	<b>"</b> 🗆		to Fees
Zip	Country	33902-	Coun	try		8. This corporati	on owes the o	current year int	angible	
24	25	29 2906 3	0			Personal Prop			Yes	□No
	9. Name and Address of Current				1	0. Name and A	idress of Ne	w Registered	Agent	
				81 Name	)					
KNO	tt, george h eso.		\ \f	82 Street	Arkirase	(P.O. Box Numb	er is Not Acc	notable)		
HUM	PHREY & KNOTT, P.A.		- F	31000		V. C. Dax Italia				
1625	HENDRY STREET SUITE 301		į,	83						İ
FOR	T MYERS FL 33901		L L	<del>.   _</del> _					85 Zip	Code
	•			B4 City				FL	. 171	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the ab	ove-named	corporat	ion submits this s	tatement for	he purpose of	changing its	registered
office or n agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was aut ons of, Section 607.0505, Florid	horized le Statui	by the corp les.	a'noijgroc	board of directors	s. I nereby ac	cept the appoi	nument as re	gistered
SIGNATURE	Charles and the second	and the H applicable (NOTE: R	artitle of A	gent algnature	recuired who	en reinstation)		DATE		
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.		1040	ADDITIONS/CH	ANGES TO	OFFICERS AN	D DIRECTO	ORS IN 12
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	NORTH MYERS FL 33903			r-ST-ZIP						
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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 delit, that if it officer or director of the comporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statisties; 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.

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MATURE A	ND TYPED OR PR	INTED NAME	OF/SIGNING O	FFICER OR D	RECTOR
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