## 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

## DOCUMENT # P98000098329

1. Corporation Name

MY MOUNTAIN HOME, INC.

## Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90082 003 \*\*\*150.00



Principal Place of Business	Mailing Address			
1532 E. GUI.F BEACH DRIVE 1532 E. GULF BEACH DRIVE				
ST. GEORGE ISLAND FL 32328	ST. GEORGE ISLAND FL 323	20		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed
		_		11/17/1998
2. Principal Place of Business	2a. Mailing Address			4. FEI Number Aprlied For
21	26			\$9-3560255 Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired   \$8.75 Additional
22	27			Fee Recuired
City & State	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Courtry	Zip	Country		
	29 3			8. This ccrporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No
9. Name and Address of Co		, <del>o</del>		10. Name and Address of New Registered Agent
v. Haile and radios of of		81	Name	
HUGHES, WHALEY		82	Ctract	eet Address (P.O. Box Number is Not Acceptable)
1532 E. GULF BEACH DRIVE		82	Street	set Address (P.O. Box Number Is Not Acceptable)
ST. GEORGE ISLAND FL 32328		83		
		0.4	0.11	y 85 Zip Code
		84	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607 office or registered agent, or both, in the sagent. I am familiar with, and accept the or	State o´Florida. Such change was aut	horized by	the corp	ned co-poration submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
_	brigations of, Cooker Corrector, Victor		•	
SIGNATUR = Signature, typed or printed nar re-of registers	ed agent and title if applicable. (NOTE: R	tegistered Ager	nt signature	ture required when reinstating) DATÉ
12. Drock es EFICER	S AND DIRECTORS	13.		ADDITICNS/CHANGES TO OFFICERS / ND DIRECTORS IN 12
TIME RANGEL EFROM	DELETE	1.1 TITLE		Becretary Change Maddition
NAME Sharl Cre	cek Rd.	1.2 NAME		Dem Homes
STREET ADDRESS	- 10	1.3 STREET		ESS 1532 E. Gulf Beach Dr.
CITY-ST-ZIP Dawsomulle,	H:30534	1.4 CITY-S	T-ZIP	Change Addition
TIME Vicee Presi	dent DELETE	2.1 TITLE		Change Addition
NAME Whaley Hugh	res and Da	2.2 NAME		
STREET ADDRESS 1532 I GUL	Le beautir	2.3 STREE		ESS
CITY-ST-ZIP ST-George LS	HOLLETE	2. 4 CITY-5 3.1 TITLE	31-ZIP	Change Addition
TITLE	- Section	3.2 NAME		
NAME CONTENT ADDRESS		3.3 STREE	r Ahnocee	NECC
STREET ADDRESS		3.4 CITY-S		Lux
CITY-ST-ZIP	☐ DELETE	4.1 TITLE	H-CIF	☐ Change ☐ Addition
NAME		4. 2 NAME		
STREET ADDRES >		4.3 STREE	T ADDRESS	ESS
CITY-ST-ZIP		4.4 CITY-S		
TITLE	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		5.3 STREE	ADDRESS	ESS
CITY-ST-ZIP		54 CITY-S	T-ZIP	
TITLE	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREE	TADDRESS	ESS
CITY ST 7ID		6.4 CITY-S	T-ZIP	

14. I hereby certify that the information supplied with his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further ce tify 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: