Mailing Address

160 NOEL COURT

ORANGE PARK FL 32073

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DC	CUMEN	IT#	P99000	009	7473		O THE



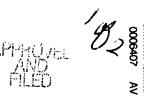
TRADITIONAL HOME BUILDERS, INC.

Principal Place of Business

ORANGE PARK FL 32073

160 NOEL COURT





03 AUG 18 PM 1:10

SECRETARY OF STATE TALLAHASSEE, FLORIDA



2. Principal P	lace of Business	3. Mailing Address			) 19061031 (58 19110 10111 DEII) 0016 0066 1					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State	9	City & State			4. FEI Number 59-3609104		Applied For Not Applicable			
Zip	Country	Zip	Country	-	5. Certificate of Status Desired	\$8.75 Fee Rec	Additional quired			
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent						
				Name						
ARNOLD, THOMAS/ <del>CARTER, JERRY</del>				Street Address (P.O. Box Number is Not Acceptable)						
160 NOEL										
UHANGE	PARK FL 32073									
÷			City			FL   Zip '	Code			
	named entity submits this statement for sof registered agent.  Signature, typed or printed name of registered agent.		s registered offic		d agent, or both, in the State of Florida. I	am familiar v	vith, and accept			
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	f State			Election Campaign Financing     Trust Fund Contribution.		<b>5.00</b> May Be dded to Fees			
10.	OFFICERS AND		11,		ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARNOLD, THOMAS W 160 NOEL COURT ORANGE PARK FL 32073	□ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ss	80002266E 08/29/030106201	□ Char 358 **150				
TITLE . NAME STREET ADDRESS CITY-ST-ZIP	VTD CARTER, JERRY W 160 NOEL COURT ORANGE PARK FL 32073	<b>X</b> Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	SS		☐ Char	nge 🔲 Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARNOLD, KEITH W 160 NOEL COURT ORANGE PARK FL 32073	☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ss		Char	ige Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	SS		☐ Char	nge [] Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ss		☐ Chan	nge 🗌 Addition			

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

attachment

160 Noel Court HP9 900097473 Orange Park, F1 320732523 August 7, 2003

Divisions of Corporations P O Box 6327 Tallhassee, Florida 32314

Dear Sir:

I am writing you about my corporation which is Traditional Home Builders, Inc. #P99000097473. I have not paid by fee of \$150.00. for the year of 2003.

I had a severe stroke and was in the hospital for a long time. Since that time I have been going to physical therapy, and I have just found this form.

I would greatly appreicate you accepting this reason, and granting me to only pay the \$150.00, of which I am enclosing with this letter.

Thank you for your help in this matter.

Sincerely,

Thomas Arnold