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Mar 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S17158 (4)
1. Corporation Name
FLORIDA NEW HOME PROFESSIONALS, INC.



Principal Place of Business
178 ALMOND DRIVE
OCALA FL 34472

Mailing Address
178 ALMOND DRIVE
OCALA FL 34472-8638

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/10/1990	3a. Date of Last Report 09/24/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3061373	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

WALLACE, JULIE T
178 ALMOND DRIVE
OCALA FL 34472

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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 _____ (Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent's signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	Change Addition
NAME	STREET ADDRESS	12 NAME	
CITY-ST-ZIP		13 STREET ADDRESS	
		14 CITY-ST-ZIP	Change Addition
TITLE	NAME	21 TITLE	Change Addition
NAME	STREET ADDRESS	22 NAME	
CITY-ST-ZIP		23 STREET ADDRESS	
		24 CITY-ST-ZIP	Change Addition
TITLE	NAME	31 TITLE	Change Addition
NAME	STREET ADDRESS	32 NAME	
CITY-ST-ZIP		33 STREET ADDRESS	
		34 CITY-ST-ZIP	Change Addition
TITLE	NAME	41 TITLE	Change Addition
NAME	STREET ADDRESS	42 NAME	
CITY-ST-ZIP		43 STREET ADDRESS	
		44 CITY-ST-ZIP	Change Addition
TITLE	NAME	51 TITLE	Change Addition
NAME	STREET ADDRESS	52 NAME	
CITY-ST-ZIP		53 STREET ADDRESS	
		54 CITY-ST-ZIP	Change Addition
TITLE	NAME	61 TITLE	Change Addition
NAME	STREET ADDRESS	62 NAME	
CITY-ST-ZIP		63 STREET ADDRESS	
		64 CITY-ST-ZIP	Change Addition

14. I do 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 on an attachment with an address.

SIGNATURE: *Julie T. Wallace* JULIE T. WALLACE 3-17-97 352-624-3339

CR2E034 (9/96)