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PROFIT CORPORATION 'ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

(9)

**DOCUMENT** # 1. Corporation Name

JENNINGS HOUSING CORPORATION



95 MAY 22 AH 8: 59



	Principal Place of Business		Maling Address						
ROUTE 1. BOX 20A JENNINGS FL 32053-9801		ROUTE 1. BOX 20A JENNINGS FL 32053-9801							
					1	3. Date Incorporated or Qualified 05/07/1991	3a. C	Date of Las 08/25/	
2. Principal Plac	e of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26 503-101	TH STX	ecet	west	59-3081154			Not Applicable
Suite, Apt #, etc  City & State  3		Suite, Apt. #, etc.  27  City & State  28  ALMETO, FL				5. Certificate of Status Desired	<b>S</b> F		.75 Additional ee Required
				FL		6. Election Campaign Financing Trust Fund Contribution	L.J		\$5.00 May Be Added to Fees
Zip	Country 25	29 3-1221		Country (1)	5		; 🔲 No	)	
[4]	9. Name and Address of Curren	1 - 1				10. Name and Address of New I	Register	ed Agent	
				81	Name				
AUTREY,	WALTER G JR			82	Street Addres	ss (P.O. Box Number is Not Accepta	ole)		
	2 BOX 4310			83					
JENNING	S FL 32053			63					
				84	City:			EL  85	Zip Code
	o the provisions of Sections 607.0502 ad agent, or both, in the State of Florid	1003 1500 Flyida C	tat doc the	above no	and comors	tion submits this statement for the ou	rnose o	f changing	its registered office
SIGNATURE	n, and accept the obligations of, Section, and accept the obligations of Section (Section) of the Company of th	अर्थातक संबद्धि होन	Profe Saj	13.	Sojk ar ut i ter Zotez (	who revisions/ ADDITIONS/CHANGES TO OF	DA FICERS		CTORS IN 12
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the confusion of the receiver or fusion and showered to execute this report as required by Chapter 607, Florida Statutes; and that my name of confusion or the receiver or frustee en powered to execute this report as required by Chapter 607, Florida Statutes; and that my name of chapter 607, in the receiver or frustee en powered to execute this report as required by Chapter 607, Florida Statutes; and that my name of chapter 607, in the receiver or frustee en powered to execute this report as required by Chapter 607, Florida Statutes; and that my name of chapter 607, in the receiver or frustee en powered to execute this report as required by Chapter 607. certify that the information indi-oath; that I am an officer of oir appears in Block 12 of Block.

SIGNATURE:

JOSEPH F. ESFORMES PRINTED NAME OF SIGNING OFFICER OR DIRECTOR