

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # S50697 (9)
1. Corporation Name
JENNINGS HOUSING CORPORATION



Principal Place of Business Mailing Address
603 - 10TH STREET WEST 503 - 10TH STREET WEST
PALMETTO FL 34221 PALMETTO FL 34221

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/07/1991	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3081154	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

AUTREY, WALTER G JR
ROUTE 2 BOX 4310
JENNINGS FL 32053

10. Name and Address of New Registered Agent

81 Name
Blalock, Landers, Walters & Vogler, P.A.
82 Street Address (P.O. Box Number is Not Acceptable)
802 - 11th Street West
83
84 City
Bradenton FL 85 Zip Code
34205

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]* DATE 7-28-98
Signature of person named as registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGLISH, JOHN EDWIN	12 NAME	800002542388
STREET ADDRESS	ROUTE 2, BOX 421 N/A	1.3 STREET ADDRESS	-06/01/98--01079--001
CITY-ST-ZIP	IMMOKALEE FL	1.4 CITY-ST-ZIP	***558.75
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESFORMES, JOSEPH E.	2.2 NAME	Esformes, Joseph E.
STREET ADDRESS	ROUTE 2, BOX 421 N/A	2.3 STREET ADDRESS	503 - 10th Street West
CITY-ST-ZIP	IMMOKALEE FL	2.4 CITY-ST-ZIP	Palmetto, FL 34221
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D/V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AUTREY, WALTER G., JR.	3.2 NAME	Esformes, Nathan
STREET ADDRESS	311 E. CENTRAL AVE.	3.3 STREET ADDRESS	503 - 10th Street West
CITY-ST-ZIP	VALDOSTA GA	3.4 CITY-ST-ZIP	Palmetto, FL 34221
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AUTREY, WALTER G III	4.2 NAME	Heller, Harvey
STREET ADDRESS	ROUTE 2, BOX 4310N	4.3 STREET ADDRESS	503 - 10th Street West
CITY-ST-ZIP	JENNING FL	4.4 CITY-ST-ZIP	Palmetto, FL 34221
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Falk, Harry
STREET ADDRESS		5.3 STREET ADDRESS	503 - 10th Street West
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Palmetto, FL 34221
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Carraway, Mac
STREET ADDRESS		6.3 STREET ADDRESS	503 - 10th Street West
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Palmetto, FL 34221

14. 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 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 *[Signature]*

(941) 722-3291

CR2E034 (10/97)