Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90006 020 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

	1999 DIVISION OF CORPORATIONS			03-24-1999 90006 020 ***150.00	
DOCUMENT # S57101 1. Corporation Name PADGETT HOMES, INC.					
Principal Place	e of Business	Mailing Address			. 100(10) 01 011(1 1000) 10(1) 011(1 010(1)(1 010(1)(1 010(1)(1 010(1)(1 010(1)(1 010(1)(1 010(1)(1 010(1)(1 010(1)(1)(1 010(1)(1 010(1)(1 010(1)(1 010(1)(1 010(1)(1 010(1)(1)(1)(1 010(1)(1)(1)(1)(1(1)(1
5436 OAK CREST BLVD 5436 OAK CREST BLVD					
SARASOTA FL 34233 SARASOTA FL 34233					DO NOT WRITE IN THIS SPACE
US		US			3. Date Incorporated or Qualifed
					05/30/1991
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			. 65-0265493 . Not Applicable \$8,75 Additional
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired Fee Required
City & State		City & State			5 Flortion Compaign Financing \$5.00 May Re
23	G .	28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Countr	у	8. This corporation owes the current year Intangible
24	25 29 30				Personal Property Tax. Yes 🗷 No
!	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent
242	OFFE DOMAIN D. I.I.		81	1 Name	
PADGETT, DONALD H.			82	2 Street A	ddress (P.O. Box Number is Not Acceptable)
	4883 GREYMOSS LANE				
SAR	ASOTA FL 34233		8:	3	
			84	4 City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the abov	ve-named c	ornoration submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was autho	orizea Di	v ine cordor	ration's board of directors. I hereby accept the appointment as registered
_	III Iailiniai witti, and accept the obliga	illons of, occiton our love, i forest	Oldidio		
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Reg	istered Ag	ent signature req	quired when reinstating) DATE
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change [] Addition
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Citalige ☐ Madulou
NAME	PADGETT, DONALD H.		1.2 NAME		
STREET ADDRESS	4883 GREYMOSS LN.		1.3 STRE	ET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-		☐ Change ☐ Addition
TITLE	VTD	☐ DELETE	2.1 TITLE	l l	Orlange - Musicon
NAME	PADGETT, JAMES C.	والمارية المستعددات	2.2 NAME		الروادي والمعالج المعالج المعا الموادي والمعالج المعالج المعا
STREET ADDRESS	701 TYLER DR	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	i	ET ADDRESS	3.2.4
CITY-ST-ZIP	SARASOTA FL	☐ DELETE	2.4 CITY- 3.1 TITLE		Change Addition
TITLE		_; pccc:c	3.2 NAME		
NAME				ET ADDRESS	
STREET ADDRESS					
CITY-ST-ZIP		☐ DELETE	3.4. CITY- 4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME	1	
				ET ADDRESS	
STREET ADDRESS			4.4 CITY-		
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		_	5.2 NAME		
STREET ADDRESS	,		5.3 STRE	ET ADDRESS	
CITY-ST-ZIP			5.4 C!TY+	ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
MAME			6.2 NAME	<u> </u>	

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 of changed, or on an attachment with an address, with all other like empowered. CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE