

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # S65409 (2)

1. Corporation Name

FIRST FLORIDA HOMES, INC.



Principal Place of Business

208 W. ALAMO DR  
LAKELAND FL 33813-1503  
US

Mailing Address

P.O. BOX 7064  
LAKELAND FL 33807-7064  
US

3. Date Incorporated or Qualified  
07/05/1991

3a. Date of Last Report  
03/07/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
59-3078933

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARPER, ROBERT F. III  
208 WEST ALAMO DRIVE  
LAKELAND FL 33813

2nd REQUEST TO CORRECT  
ERROR

81 Name  
HARPER, ROBERT F. III  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
FL 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 provisions of Sections 607.0505, Florida Statutes.

SIGNATURE

ROBERT F. HARPER, III

(NOTE: Registered Agent's Signature required when reinstating)

DATE

12. PD ☐ DELETE OFFICERS AND DIRECTORS

1.1 TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE ☐ DELETE

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE ☐ DELETE

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE ☐ DELETE

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ DELETE

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ DELETE

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

7.1 TITLE ☐ DELETE

7.2 NAME  
7.3 STREET ADDRESS  
7.4 CITY - ST - ZIP

8.1 TITLE ☐ DELETE

8.2 NAME  
8.3 STREET ADDRESS  
8.4 CITY - ST - ZIP

9.1 TITLE ☐ DELETE

9.2 NAME  
9.3 STREET ADDRESS  
9.4 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

7.1 TITLE ☐ Change ☐ Addition

7.2 NAME  
7.3 STREET ADDRESS  
7.4 CITY - ST - ZIP

8.1 TITLE ☐ Change ☐ Addition

8.2 NAME  
8.3 STREET ADDRESS  
8.4 CITY - ST - ZIP

9.1 TITLE ☐ Change ☐ Addition

9.2 NAME  
9.3 STREET ADDRESS  
9.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
ROBERT F. HARPER, III

Date

941/647-5765

Daytime Phone #

CR2E034 (12/95)