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Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **\$65409**

1. Corporation Name

Principal Place of Business

FIRST FLORIDA HOMES, INC.

208 W. ALAMO LAKELAND FL 3 US		P.O. BOX 706 Lakeland Fl US					DO NOT WRIT Date Incorporated or Qualifed 07/05/1991	TE IN THIS S	SPACE	
2. Principal Pl	ace of Business	2a. Mailing A	ddress				FEI Number			Applied For
21	300 07 200000	—	26				59-3078933		1	Not Applicable
Suite, Apt. :	#. etc.		Suite, Apt. #, etc.						\$8.75	Additional
22	· <u>·····</u>	27	7				-Certificate of Status Desired	<u> </u>	Fee	Required
City & State	•		City & State			6.	Election Campaign Financing		\$5.0	0 May Be
23		28	в				Trust Fund Contribution	U	Adde	d to Fees
Zip	Country	Zip	Zip Country			8.	This corporation owes the curr			_
24	25	29	. 30				Personal Property Tax.		Yes	□No
	9. Name and Address of Curre	ent Registered Age	nt	_ _		10.	Name and Address of New R	tegistered A	<u>ige</u> nt	
	DED DODERT E III			81	Name					
	PER, ROBERT F. III WEST ALAMO DRIVE					Address (P	O. Box Number is Not Accepta	ible)		
LAKE	ELAND FL 33813									***
				84	City			FL	85 Zij	p Code
				<u> </u>					honging	ite registered
office or re	to the provisions of Sections 607.05 agistered agent, or both, in the Statin familiar with, and accept the oblig	e of Florida. Such ch	nange was author	ized by	tne corpo	ration's bo	pard of directors. I hereby accep	ot the appoin	tment as	registered
SIGNATURE	Signature, typed or printed name of registered as	day Washabla	(NOTE: Pagin	torod Agor	ot eigesture re	quired when re	pinstation)	DATE		
12.		ND DIRECTORS		13.	it digitatore to	<i>F</i>	ADDITIONS/CHANGES TO OF		DIREC	TORS IN 12
TITLE	PD		DELETE	.1 TITLE					Change	e 🔲 Addition
NAME	HARPER, ROBERT F. III		1	.2 NAME						
STREET ADDRESS	208 W. ALAMO DRIVE		1	.3 STREE	ADDRESS		•			
CITY-ST-ZIP	LAKELAND FL		1	I.4 CITY-S	T- ZIP					
TITLE	D		DELETE 2	2.1 TITLE					Change	e Addition
NAME	ELLSWORTH JR, W W		2	2.2 NAME						ĺ
STREET ADDRESS	208 W ALAMO DR		2	2.3 STREE	ADDRESS					
CITY-ST-ZIP	LAKELAND FL		1:	2. 4 CITY-5	ST-ZIP					
TITLE			DELETE :	3.1 TITLE					Chang	e 🗌 Addition
NAME			;	3.2 NAME						
STREET ADDRESS			:	3.3 STREE	T ADDRESS					
C/TY-ST-ZIP			3	3.4. CITY-5	ST-ZIP					
TITLE			DELETE	1.1 TITLE					Chang	e 🗍 Addition
NAME			4	I. 2 NAME						
STREET ADDRESS			4	.3 STREE	ADDRESS					
CITY-ST-ZIP				.4 CITY-S	T-ZIP				<u> </u>	F-3
TITLE				5.1 TITLE)				☐ Chang	ge [] Addition
NAME				5.2 NAME						
STREET ADDRESS					T ADDRESS					
CITY-ST-ZIP				5.4 CITY-S	T-ZiP					n
TITLE				5.1 TITLE					☐ Chang	e Addition
				3.2 NAME	1					

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 attact preprint an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP