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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

OCHMENT # SA7120

171

**FILED** May 19 1997 8:00am Secretary of State

Corperation Name  GREG WILSON HOMES, INC.  ##  ##  ##  ##  ##  ##  ##  ##  ##							
		1.			3. Date Incorporated or Qualified 07/18/1991	3a. Date of L 05/01/19	
Principal P	lace of Business	2a. Mailing Address			4. FEI Number 59-2981994	- 00,0 1,10	Applied For
Suite, Apt	#, etc.	Suite, Apt. #, etc.		<del></del>		\$8.	Not Applicable 75 Additional
		27			5. Certificate of Status Desired	F	e Required
City & Stati	të	City & State			6. Election Campaign Financing Trust Fund Contribution		.00 May Be ided to Fees
Ζip	Country 25	Zip <b>29</b>	Countri 30	ry	8. This corporation has liability for Florida Statutes	intangible tax und	der s. 199.032,
	9. Name and Address of Cu		30		10. Name and Address of New R		
	SCHMAN, ALBERT E. JR.		8	1 Name			•
	15 South Third Street ITE 101		8:	2 Street Ad	dress (P.O. Box Number is Not Accepta	ible)	
JACKSONVILLE BEACH FL 32250			8	3			
3, 13			8	4 64.	<del></del>	laci	Tip Cade
			0	4 City		Per 1 85	Zip Code
	to the provisions of Sections 607 registered agent, or both, in the S im familiar with, and accept the o	.0502 and 607.1508, Florida S State of Florida. Such change v obligations of, Section 607.050	itatutes, the abovas authorized to 5, Florida Statut	1	orporation submits this statement for the ration's board of directors. I hereby acce	purpose of changept the appointmen	ing its registered nt as registered
MATURE	Sheatan, typed or protect ranke of registers OFFICERS		(NOTE: Registered A	ve-named co by the corpor es.	orporation submits this statement for the ration's board of directors. I hereby accessuited when renstating)  ADDITIONS/CHANGES TO OFFI	purpose of change ept the appointment	CTORS IN 12
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I facility can be mornatured supplied whit his ning does not qualify in the exemptor stated in Section 19.00(4), it has statutes. Hottlef certify that it is information inclicated on this annual report or suppliemental 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 filock 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

yndaw. son) 4.30-97 90 0043226