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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$88927

(6)

| FILED | | | | | | |
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| Feb 20 1998 8:00am | | | | | | |
| Secretary of State | | | | | | |

| FARMI | ERIE CUSTOM HOMES, INC |).). | | I ARRAISIO JAN ARIAN JANA JANA HAN KAN KAN KAN KAN | EN SIDN BIBN BIBN BIBN 1861 |
|--|--|------------------------------------|-------------------------------------|--|-----------------------------------|
| | | | | | |
| Principal Pla | ce of Business | Mailing Address | | 100/1090 101 1010) (010 1010 1400 1400 1400 1 | ON BION DIBN DIBN DIBN TODA |
| 6034 MISSOURI AVE 6034 MISSOURI AVE NEW PORT RICHEY FL 34653 NEW PORT RICHEY FL 346 | | | 1653 | | |
| US | | US | | DO NOT WRITE IN THI | S SPACE |
| | | | | 3. Date Incorporated or Qualified | |
| | | | | 10/21/1991 | |
| 2. Principal I | Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | | 26 | | 59-3090015 | Not Applicable |
| Suite, Apt | . #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & Sta | te | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation owes or has paid the o | current year Intangible |
| 24 | 25 | | 30 | Personal Property Tax due June 30. | Yes No |
| | 9. Name and Address of Curre | nt Registered Agent | | 10. Name and Address of New Registere | d Agent |
| FARMERIE, BETTE M. 7317 ORCHID LAKE ROAD | | | | SKHERIE BETTE M | |
| NEW PORT RICHEY FL 34653 | | | | ress (P.O. Box Number is Not Acceptable) | |
| 140 | W FUNT NICHET FL 34033 | | 83 | 24 11270M VACE | |
| | | | ** | | |
| | | | 84 City | PORT Richey F | L 85 Zip Code 3 |
| 11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the above-pamed corporation submits this statement for the purpose of changing its | | | | | |
| 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 familia revith, and accept the obligations of, Section 607.0505, Florida Statutes, | | | | | |
| SIGNATURE | | // | | | |
| ordrovione | Signature, typod or printed harve of registered ag | ont and title if applicable. (NOTE | : Registered Agent signature requir | red when reinstating) DATE | |
| 12. | OFFICERS AN | ID DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AT | ND DIRECTORS IN 12 |
| TITLE | <u>P</u> | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | FARMERIE, BETTE M. | | 1.2 NAME | | |
| STREET ADDRESS | 6034 MISSOURI AVE | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | <u>N</u> EW PRT. RICHEY FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | ST | DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | FARMERIE, GEORGE F. | | 2.2 NAME | | |
| STREET ADDRESS | 6034 MISSOURI AVE | | 2.3 STREET ADORESS | | |
| CITY-ST-ZIP | NEW PRT. RICHEY FL | | 2. 4 CITY-ST-ZIP | | |
| TITLE | | DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | | · l |
| TITLE | · · · · · · · · · · · · · · · · · · · | ☐ DELETE | 4.1 TITLE | | Change Addition |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| | | | | | |
| CITY-ST-ZIP TITLE | | DELETE | 4.4 CITY-ST-ZIP | | Change Addition |
| | | L_ DECETE | 5.1 TITLE | | L Change L Addition |
| NAME CIDELL ADDRESS | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | DELETE | 5.4 CITY-ST-ZIP | | |
| TITLE | | DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY - ST - ZIP | | |

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.