FILED

Jul 08, 1999 8:00 am

Secretary of State

07-08-1999 90030 042 ***550.00

ECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

HOMES BY M.J. GAGNON, INC.

Principal Place of Business Mailing Address 4100 CORPORATE SQUARE 4100 CORPORATE SO SHITE 174 SUITE 174 NAPLES FL 34104-4714 NAPLES FL 34104 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/30/1992 4. FEI Number Applied For 2a. Mailing Address Principal Place of Business 65-0314848 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 Country Zip Country 8. This corporation owes the current year Yes No. 29 Intangible Personal Property. 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name GAGNON, MARCEL Street Address (P.O. Box Number is Not Acceptable) 4100 CORPORATE SQ #174 NAPLES FL 34104 83 Zip Code 84 City 85 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 obligations of, section 607.0505, Florida Statutes. **IGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 1.1 TITLE _ Change L_ Addition DELETE LE GAGNON, MARCEL J. 1.2 NAME ME 4100 CORPORATE SQ #174 1.3 STREET ADDRESS REET ADDRESS NAPLES FL 1.4 CITY-ST-ZIP Y-ST-ZIP 2.1 TITLE Change LΕ DELETE 2.2 NAME ΜE 2.3 STREET ADDRESS REET ADDRESS 2.4 CITY-ST-ZIP Y-ST-ZIP 3.1 TITLE Addition DELETE _E 3.2 NAME Æ 3.3 STREET ADDRESS **EET ADDRESS** 3.4 CITY-ST-ZIP Y-ST-ZIP 4.1 TITLE Change Addition DELETE 42 NAME 框 4.3 STREET ADDRESS EFT ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE ☐ Change Addition DELETE Ė 5.2 NAME 5.3 STREET ADDRESS **EET ADDRESS** 5.4 CITY-ST-ZIP 6.1 TITLE Addition Change __ DELETE

6.2 NAME

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 any address?

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

IGNATURE:

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FET ADDRESS

'-ST-ZIP

CR2E034 (5/99)