

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90252 048 ***150.00

DOCUMENT # V12185

1. Corporation Name

FREEMARR HOMES INC.

Principal Place of Business

**5410 ENDEAVOUR AVE
DOVER FL 33527
US**

Mailing Address

**P O BOX 283
VALRICO FL 33595
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/06/1992

4. FEI Number

59-3107399

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25** **29** **30**

9. Name and Address of Current Registered Agent

**FREEMAN, JOHN T.
828 JERRY SMITH RD.
DOVER FL 33527**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

5410 ENDEAVOUR AVE

83

84 City

Dover

FL

85 Zip Code

33527

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

DP

☐ DELETE

NAME

FREEMAN, JOHN T.

STREET ADDRESS

828 JERRY SMITH ROAD

CITY-ST-ZIP

DOVER FL

TITLE

DVP

☐ DELETE

NAME

MARRA, MICHAEL E.

STREET ADDRESS

828 JERRY SMITH ROAD

CITY-ST-ZIP

DOVER FL

TITLE

DVPS

☐ DELETE

NAME

RIGGINS, ROBERT E

STREET ADDRESS

828 JERRY SMITH RD.

CITY-ST-ZIP

DOVER FL 33527

TITLE

☐ DELETE

NAME

☐ DELETE

STREET ADDRESS

☐ DELETE

CITY-ST-ZIP

☐ DELETE

TITLE

☐ DELETE

NAME

☐ DELETE

STREET ADDRESS

☐ DELETE

CITY-ST-ZIP

☐ DELETE

TITLE

☐ DELETE

NAME

☐ DELETE

STREET ADDRESS

☐ DELETE

CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

5410 Endeavour Ave

1.4 CITY-ST-ZIP

Dover, FL 33527

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

5410 Endeavour Ave

2.4 CITY-ST-ZIP

Dover, FL 33527

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

5410 Endeavour Ave

3.4 CITY-ST-ZIP

Dover, FL 33527

4.1 TITLE

☐ Change

☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

MAX STASZAK V.P.

5410 Endeavour Ave

Dover, FL 33527

5.1 TITLE

☐ Change

☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5410 Endeavour Ave

Dover, FL 33527

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE: **JOHN T. FREEMAN**

2/23/99

813 653 0396

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)