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

**FILED PROFIT** May 12 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (5) SUNBELT HOMES, INC. Principal Place of Business Mailing Address 1900 U.S. 27 SOUTH 1900 U.S. 27 SOUTH FROSTPROOF FL 33843 FROSTPROOF FL 33843 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/20/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3120122 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DELESTANG, ANDRE N. Name 1900 U.S. 27 SOUTH Street Address (P.O. Box Number is Not Acceptable) FROSTPROOF FL 33843 City Zip Code 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 11TITLE ☐ Change ☐ Addition DELESTANG, ANDRE N. NAME 1.2 NAME 1990 U.S. 27 SOUTH STREET ADDRESS 1.3 STREET ADDRESS FROSTFPROOF FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition DELESTANG, MARY JANE NAME 22 NAME 1900 U.S. 27 SOUTH STREET ADDRESS 2.3 STREET ADDRESS FROSTPROOF FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE Addition 3 1 THTLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition 5.1 TITLE

14. Thereby 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 697, florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

5.3 STREET ADORESS

**6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ Addition