FILED Apr 16, 1999 8:00 am Secretary of State

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## 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** 

## DOCUMENT # **V47319**

1. Corporation Name

TRUE VALUE HOMES, INC.

			,	<u></u>				
Principal Place of Business Mailing Address								
2145 US HIGHWAY 92 WEST 2145 US HIGHWAY 92 WES			VEST			·		
AUBURNDALE I	AUBURNDALE FL 33823	NDALE FL 33823			DO NOT WRITE IN THIS	SPACE		
US US						3. Date Incorporated or Qualifed		
	•	*				06/30/1992		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Ar	pplied For
21		ь -	26			59-3099959		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.75	Additional
27						5. Certificate of Status Desired	- Fee Re	equired
City & Stat	e	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country :	Zip	Cou	ntry		8. This corporation owes the current year Int		
24		29	30	_		Personal Property Tax.	Yes	No
	9. Name and Address of Curre	nt Registered Agent		81	NI	10. Name and Address of New Registered	Agent	
POU	TON DICHADD			81	Name			
BOUTON, RICHARD 2145 US HWY 92 WEST				82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
	URNDALE FL 33823			22			., <u>.</u>	
700	ONNOALE IL GOOZG			83				
-	* a			84	City	FL	85 Zip	Code
				Ш				registered
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the State	02 and 607.1508, Florida Sta e of Florida. Such change wa	tutes, the a s authorized	bove I by t	-named corp he corporation	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	ntment as re	egistered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, I	Florida Stati	ıtes.	•	•		
SIGNATURE		<del></del>		<u> </u>		ad when reinstating) DATE		
12,	Signature, typed or printed name of registered ag	pent and title if applicable. (NO NO DIRECTORS	13.	Agent	signature require	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	ORS IN 12
TITLE	D OFFICERS A	DELETE	1.1 11	RE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change	Addition
NAME	BOUTON, RICHARD		1.2 NA					i
STREET ADDRESS	2145 US HWY 92 WEST				ADORESS			ł
	AUBURNDALE FL			TY-ST	}			
CITY-ST-ZIP .	AODONNDALL I L	DELETE 2.1					Change	☐ Addition
NAME			2.2 NA					
					ADDRESS			}
STREET ADDRESS				ΠY-S1	}	المناج والمحاصر والمراج الرجا الشموان		. \
CITY-ST-ZIP TITLE		☐ DELETE	3.1 Tr	_			Change	☐ Addition
NAME			3.2 N/	WE.	-	·		
STREET ADDRESS					ADDRESS	•		
CITY-ST-ZIP				ITY-ST				[
TITLE		☐ DELETE	4,1 TI	TLE			Change	☐ Addition
NAME			4.2 N	AME				
STREET ADDRESS			4.3 ST	REET.	ADDRESS			{
CITY-ST-ZIP				TY-ST	1			
TITLE		() DELETE	5.1 TI				Change	☐ Addition
NAME			5.2 N	ME				
STREET ADDRESS			5.3 ST	REET	ADDRESS			
CITY-ST-ZIP			5.4 CI	TY-ST	-ZIP			
TITLE		☐ DELETE	6.1 TI	ΠE			Change	☐ Addition
NAME			6.2 N	AME.				
OTDEET ADDDESS			6.3 \$1	REET	ADDRESS			}

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 of 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 of director of the corporation or the receiver or trustee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607, or on an attachment with any address, with all other like empowered.

6.4 City-St-ZiP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED

Richard Bouton, President