

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V64699** (4)

1. Corporation Name

HABITAT DEVELOPMENT OF CLAY COUNTY, INC.



Principal Place of Business

Mailing Address

**2775 CR 220
SUITE 107
MIDDLEBURG FL 32068**

**2775 CR 220
SUITE 107
MIDDLEBURG FL 32068**

3. Date Incorporated or Qualified
09/14/1992

3a. Date of Last Report
04/24/1995

4. FEI Number

59-3150753

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ 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

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25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MENARD, JAMES R.
2575 CR 220
SUITE 107
MIDDLEBURG FL 32068**

81 Name

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

83

84 City

FL 85 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 of the individual who is the registered agent and the applicable

(NOTE: Registered Agent's signature required after reinstatement)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PDST**
STREET ADDRESS **MENARD, JAMES R.**
CITY - ST - ZIP **2575 CR. #220, SUITE 107**
MIDDLEBURG FL

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

TITLE ☐ DELETE

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

TITLE ☐ DELETE

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

TITLE ☐ DELETE

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

TITLE ☐ DELETE

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

TITLE ☐ DELETE

61 TITLE

62 NAME

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84 CITY - ST - ZIP

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254 CITY - ST - ZIP

TITLE ☐ DELETE

261 TITLE

262 NAME

263 STREET ADDRESS

TITLE ☐ DELETE

271 TITLE

272 NAME

TITLE ☐ DELETE

281 TITLE

282 NAME

SIGNATURE: *James R. Menard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James R. Menard

6-7-96

904-272-5405

Date

Telephone

CR2E034 (3/96)