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PROFIT CORPORATION ANNUAL REPORT 1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(1)

THE GOLDEN HOMES GROUP, INC.

FILED Feb 02 1998 8:00am Secretary of State

Principal Place of Business 1800 SW 55 STREET ROAD OCALA FL 34474 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/01/1992 4. FEI Number 11 19 MARION OAKS BLVD 26 119 MARION OAKS BLVD 26 119 MARION OAKS BLVD 27 UNIT B 27 UNIT B 27 UNIT B 28 OCALA, FL. 29 OCALA, FL. 210 Country 210 Applied For 211 State 212 OCALA, FL. 212 OCALA, FL. 213 34 4 7 3 215 US 215 3 4 4 7 3 216 OCALA, FL. 217 OCOUNTRY 218 OCALA, FL. 219 OCALA, FL. 219 OCALA, FL. 210 OCALA, FL. 210 OCALA, FL. 210 OCALA, FL. 210 OCALA, FL. 211 OCOUNTRY 212 OCALA, FL. 213 34 4 7 3 214 OCALA, FL. 215 OCALA, FL. 216 OCALA, FL. 217 OCOUNTRY 218 OCALA, FL. 219 OCALA, FL. 219 OCALA, FL. 219 OCALA, FL. 210 OCALA, FL. 210 OCALA, FL. 210 OCALA, FL. 210 OCALA, FL. 211 OCOUNTRY 212 OCOUNTRY 213 OCALA, FL. 214 OCOUNTRY 25 OCOUNTRY 25 OCOUNTRY 26 OCALA, FL. 215 OCALA, FL. 216 OCALA, FL. 217 OCOUNTRY 218 OCALA, FL. 219 OCALA, FL. 219 OCALA, FL. 210 OCALA, FL. 21
OCALA FL 34474 OCALA FL 34474 OCALA FL 34474 OCALA FL 34474 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/01/1992 4. FEI Number Applied For Not Applicable Suite, Apt. #, etc. 22 UNIT B City & State Country Added to Fees Zip 3 4 4 7 3 Suite, Apt. # Country Sip 3 4 4 7 3 Suite, Apt. # Country Sip 3 4 4 7 3 Suite, Apt. # Country Sip 3 4 4 7 3 Suite, Apt. # State City & State City & State City & State Sip 3 4 4 7 3 Suite, Apt. # State City & State City & State Sip 3 4 4 7 3 Suite, Apt. # State City & State City & State Sip 3 4 4 7 3 Suite, Apt. # State City & State City & State Sip 3 4 4 7 3 Suite, Apt. # State City & State Sip 3 4 4 7 3 Suite, Apt. # State Sip 3 5 Certificate of Status Desired Sip 5 5 Certificate of Status Desired Sip 5 6. Election Campaign Financing Fee Required Fee Re
DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/01/1992 2. Principal Place of Business 21 119 MARION OAKS BLVD 26 119 MARION OAKS BLVD. 59-3144735 Suite, Apt. #, etc. 22 UNIT B City & State City & State City & State City & State Country 21 3 4 4 7 3 22 OCALA, FL. Country 23 OCALA, FL. Country 24 3 4 4 7 3 25 US 9. Name and Address of Current Registered Agent COOPER, MICHAEL J 321 NW 3RD AVE OCALA FL 34470 BABBER 10/01/1992 4. FEI Number Applied For Not Applied F
2. Principal Place of Business 2. In 19 MARION OAKS BLVD 2. In 19 MARIO
2. Principal Place of Business 21 1 1 9 MARION OAKS BLVD 26 1 1 9 MARION OAKS BLVD 26 1 1 9 MARION OAKS BLVD 26 1 1 9 MARION OAKS BLVD 27 UNIT B 28 OCALA, FL. 29 OCALA, FL. 20 Country 21 3 4 4 7 3 22 US 23 OCALA, FL. 20 Country 24 3 4 7 3 25 Country 26 State 27 US 27 US 28 OCALA, FL. 29 State 30 OCALA, FL. 20 OCALA, FL. 21 OCALA, FL. 22 UNIT B 23 OCALA, FL. 24 OCALA, FL. 25 OCALA, FL. 26 State 30 OCALA, FL. 27 US 30 US 30 US 30 US 30 US 30 US 4. FEI Number 59-3144735 Not Applied For Not Applicable \$8.75 Additional Fee Required \$5. Certificate of Status Desired Fee Required \$5. Certificate of Status Desired \$5. Certificate of Status Desired \$6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation dwes or has paid the current year Intangible Personal Property Tax due June 30. A Yes No Not Applicable \$8.75 Additional Fee Required \$5. Certificate of Status Desired \$8.75 Additional Fee Required \$1. Name Added to Fees 8. This corporation dwes or has paid the current year Intangible Personal Property Tax due June 30. A Yes No Not Applicable \$1. Name \$1. Name \$2. Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 Vip Code
21 119 MARION OAKS BLVD 26 119 MARION OAKS BLVD 59-3144735 Not Applicable Suite, Apt. #, etc. 22 UNIT B 25 Certificate of Status Desired WIT B City & State City & State Country 25 OCALA, FL. 28 OCALA, FL. 29 OCALA, FL. 20 OCALA, FL. Country 25 34473 25 US 29 34473 30 US Personal Property Tax due June 30. Wes Name and Address of Current Registered Agent COOPER, MICHAEL J 321 NW 3RD AVE OCALA FL 34470 81 Name 321 NW 3RD AVE OCALA FL 34470 83 City FL 85 Zip Code
Suite, Apt. #, etc. 22 UNIT B City & State City & State COCALA, FL. Country 3 4 4 7 3 Suite, Apt. #, etc. 28 OCALA, FL. Country 29 3 4 4 7 3 Country 29 0 Country 29 0 Country 29 0 Country 29 0 Country 20 0 Country 20 0 Country 20 0 Country 21 0 Country 22 0 Country 23 0 Country 24 0 Country 25 0 Country 26 0 Country 27 0 Country 28 0 Country 29 0 Country 29 0 Country 20 0 Country 21 0 Country 22 0 Country 23 0 Country 25 0 Country 26 0 Country 27 0 Country 28 0 Country 29 0 Country 29 0 Country 20 0 Country 21 0 Country 22 0 Country 23 0 Country 25 0 Country 26 0 Country 27 0 Country 28 0 Country 29 0 Country 20 0
22 UNIT B 27 UNIT B 5. Certificate of Status Desired X
City & State COCALA, FL. Country Count
23 OCALA, FL. 28 OCALA, FL. Trust Fund Contribution Added to Fees Zip
Zip 3 4 4 7 3
9. Name and Address of Current Registered Agent COOPER, MICHAEL J 321 NW 3RD AVE OCALA FL 34470 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83
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321 NW 3RD AVE OCALA FL 34470 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
OCALA FL 34470 83 84 City FL 85 Zip Code
84 City FL 85 Zip Code
11 Russiant to the provisions of Sections 607 0500 and 607 1508 Florida Statutes the above-named corporation submits this statement for the purpose of changing its registered
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 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D DELETE 1.1-TITLE Change Addition
NAME WIGGINS, DAVID J 1.2 NAME
STREET ADDRESS 1800 SW 55 ST ROAD 1.3 STREET ADDRESS
CITY-ST-ZIP OCALA FL 1.4 CITY-ST-ZIP
TITLE D DELETE 2.1 TITLE D
NAME BOTT, JOHN J JR 22NAME BOTT TOHN T TR
STREET ADDRESS 7765 NTW 40+b C+ Dd
CITY-ST-ZE COALATE 2.4 CITY-ST-ZE OCALA 7
TITLE DELETE 3.1 TITLE Change Addition
NAME 3.2 NAME
STREET ADDRESS 3.3 STREET ADDRESS .
CITY-ST-ZIP 3.4. CITY-ST-ZIP
TITLE Change Addition
NAME 4. 2 NAME
STREET ADDRESS 4.3 STREET ADDRESS
CITY-ST-ZIP 4.4 CITY-ST-ZIP
TITLE DELETE 5.1 TITLE Change Addition
NAME 5.2 NAME
STREET ADDRESS 5.3 STREET ADDRESS
CITY - ST - ZIP
NAME 6.2 NAME
STREET ADDRESS 6.3 STREET ADDRESS
CITY-ST-ZIP 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

352)347-5656