FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

_	1996			/	retary of State DF CORPORATIONS			
DOCU 1. Corporat	JMENT tion Name	# V	70686	(3)				
SOCI	A HOMES,	INC.		. ,				
Principal Pla	ice of Business	 						
2626 DUFF		•		Mailing Address		i remi atibit 1001) OEIKO BIIBI 10111	and Bober Bodon Bilber Bil	iki mimin dibil (MBL
LAKELAND I				2626 DUFF ROAD LAKELAND FL 33809				
						3. Date Incorporated or Qualified 10/08/1992	3a. Date of Last	
 Principal I 	Place of Busine	ess	_	2a. Mailing Address		4. FEI Number	05/19/19	Applied For
Suite, Apt	t. #. etc			26	<u>.</u>	59-3143281	<u> </u>	Not Applicab
2]	, 0.0.		.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.7	75 Additional
City & Sta	ate			City & State		& Election Commercial Figure 1	F0	e Required
Zip	· _T			8		Election Campaign Financing Trust Fund Contribution	□ \$5.	00 May Be led to Fees
	-	Country 25	- ⊢	Zip	Country	8. This corporation has liability for	intangible tax under	s 199.032.
<u>'1</u>			ss of Current Re	gistered Agent	30	Florida Statutes	: X 2 No	
· · · · · · · ·				g-to-our rigorit	81 Name	10. Name and Address of New F	Registered Agent	
PETERS	ON, ELAINE							
	RCHESTER				82 Street Add	dress (P.O. Box Number is Not Acceptab	ole)	
LAKELA	ND FL 33809	9			83			
					84 City			
					84 City		85 Z	Zip Code
1 Purcuant	to the need late						FI " '	Lip Code
I1. Pursuant or registe	to the provisio red agent, or b	ons of Section	ens 607.0502 and State of Florida. Si	607.1508, Florida Statuti uch change was authoriz	es, the above named corporation is	oration submits this statement for the pur		
Teo milet V	to the provisio ered agent, or b vith, and accept	ins of Sections of Section of Section 1985 the sec	ns 607.0502 and State of Florida. Si ions of, Section 60	607.1508, Florida Statuti uch change was authoriz 07.0505, Florida Statutes	es, the above named corpored by the corporation's boats.	oration submits this statement for the pur ard of directors. I hereby accept the appo		
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certify that I fe 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Organic Proces

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