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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # V73111

101

FILED Apr 25 1997 8:00am Secretary of State

THE NEW SOUTHERN HOME, INC. Principal Place of Business 201 EAST PARK AVENUE TALLAHASSEE FL 32301 US Mailing Address 201 EAST PARK AVENUE TALLAHASSEE FL 32301-1511 US									
						 Date Incorporated or Qu 10/21/1992 		Date of La 05/09/19	
Procept f	Place of Business	2a. Mailing Address	S		····	4. FEI Number			Applied For
 Suite, Apt	? # etc	26 Suite, Apt. #, et	ic.			NOT APPLICABL		\$a	Not Applicable 75 Additional
Otato, 141.		27				5. Certificate of Status Desi	ired 🗀		e Required
City & Sta	ite	City & State				6. Election Campaign Finar		\$5	.00 May Be
7.03	Country	28 Zip	Cou	inte i		Trust Fund Contribution			ded to Fees
Zip]	25	29	30	iriti y		This corporation has fiab Florida Statutes		gible tax und No	der s. 199 032,
*	9. Name and Address of Curi		100			10. Name and Address of I			
	EKER, VAN P.			81 Na	ime P	IUL M. THO	MOCAL)	
	7 SOUTH CALHOUN STREET		:	82 Str	eet Addres	ss (P.O. Box Number is Not A	cceptable)		
TA	LLAHASSEE FL 32302			83	24	OL EMST PAI	BK AV	<u> </u>	

				84 Cit	y 77	LLAHASSEE		FL 85	Zip Code
	11.1111.00	vin			ned corpor corporation	ration submits this statement I n's board of directors. I hereb		se of chang appointmen	ing its registered
office or agent 1: IGNATURE 2.	James typical of product come of registered	J509 and 607 1508, Florida Such change light of Florida, Such change light of the florida Such chan	(NOTE: Registere	d Agen) sign	ned corpor corporation	ration submits this statement I n's board of directors. I hereb	for the purpos by accept the	TE .	TORS IN 12
GNATURE LE ME REE ADDRESS	VP PAUL M THOMPSON 201 E. PARK AVE	agent and title I applicable. AND DIRECTORS	(NOTE: Registore 13. TE 1.1 TI 1.2 NI 1.3 ST	d Agent sign TLE AME TREET ADDR	med corporation	ration submits this statement in submits this board of directors. I hereb	for the purpos by accept the	ie AND DIREC	TORS IN 12
GNATURE I. I.E ME REE: ADDRESS Y: ST. ZIP	VP PAUL M THOMPSON	agent and title Lappicable. AND DIRECTORS DELE	(NOTE Registore 13. TE 1.1 TI 1.2 N 1.3 SI 1.4 CI	d Agent sign FLE AME TREET ADDR TY-ST-ZIP	med corporation	ration submits this statement in submits this board of directors. I hereb	for the purpos by accept the	AND DIREC	OTORS IN 12 Inge Addition
GNATURE LE ME REF ADDRESS Y-ST-ZIP	VP PAUL M THOMPSON 201 E. PARK AVE	agent and title I applicable. AND DIRECTORS	(NOTE: Registore 13, 16 1,111 1,2 No. 1,3 S1 1,4 C/ 1,4 C/ 1,4 C/ 1,5 T/ 1,5	d Agent sign TLE AME TREET ADDR TY-ST-ZIP TLE	med corporation	ration submits this statement in submits this board of directors. I hereb	for the purpos by accept the	ie AND DIREC	OTORS IN 12 Inge Addition
GNATURE LE ME REF: ADDRESS Y: ST. ZIP LE	VP PAUL M THOMPSON 201 E. PARK AVE TALLAHASSEE FL	agent and title Lappicable. AND DIRECTORS DELE	(NOTE Registore 13. TE 1.1 TI 1.2 N. 1.3 ST 1.4 CI 1.2 TE 2.1 TI 2.2 N.	d Agent sign TLE AME TREET ADDR TY-ST-ZIP TLE	med corporation corporation attire required	ration submits this statement in submits this board of directors. I hereb	for the purpos by accept the	AND DIREC	OTORS IN 12 Inge Addition
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information indicated on this annual poor of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under or Lam an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 12 or Block 1379 changed, or on a latachers with an address.

SIGNATURE:

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