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PROFIT CORPORATION **ÁNNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # V74237 1. Corporation Name

SOUTHERN HOMES BY DAVID, INC.

FILED
Jan 27, 1999 8:00am
Secretary of State

01-27-1999 90030 027 ***150.00

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Daineiral Diagram	of Business	Mailing Address			1	, III 1661 1101 1	ARII TARII EIEN U	
3928 AMBASSADOR DR P.O. BOX 4809 PALM HARBOR FL 34685 PALM HARBOR FL 34685				•				
US US					DO NOT WRI		SPACE	
					 Date Incorporated or Qualifed 10/26/1992 		• .	
2. Principal Pl	lace of Business	2a. Mailing Address		 .	4. FEI Number		Apr	olied For
21		26			58-2019604	:		Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 A	
27					5. Control of States 200.100		Fee Re	
City & State City & State					6. Election Campaign Financing		\$5.00	
28					Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	ー Coun	itry	8. This corporation owes the curr	ent year int		No
24	25	29 3	0		Personal Property Tax. 10. Name and Address of New F	Panietarad		21140
	9. Name and Address of Current	Registered Agent		81 Name	10. Name and Address of New I	registered	- Aguin	
WAL	KER, DAVID				·			
SOU3028	AMBASSADOR DRÍVE			82 Street Add	ress (P.O. Box Number is Not Accepta	able)		
	M HARBOR FL 34685		. }	83		40 189 489	archelal élali s	
					1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	12 (\$1 \$1 \$1)	S 6 . 4/8: 1 8 2- 5	
				84 City	garanteri erri et garantek	FI	85 Zip C	ode
A CAS NOTES BUSINESS	^/*	and 607 1509: Florida Statutes	the ab	ove-named com	poration submits this statement for the	purpose of	changing its	registered
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State o	f Florida. Such change was aut	horized	by the corporati	on's board of directors. I hereby accer	pt the appo	intment as reg	gistered
변5 agent. La	m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	la Statu	tes.			4	
SIGNATURE	Signature, typed or printed name of registered agent	and title if englishin /NOTE: B	egistered /	Agent eigneture require	ed when reinstating) ', , , , , , , , , , , , , , , , , , ,	DATE		
12.	OFFICERS AND		13.	9	ADDITIONS/CHANGES TO OF	FICERS A	ND DIRECTO	RS IN 12
TITLE	DPST	☐ DELETE	1.1 TITI	E	559 W. T. 1		Change	Addition
NAME	WALKER, DAVID		1.2 NA	we	* * * * * * * * * * * * * * * * * * * *			
STREET ADDRESS	3928 AMBASSADOR DRIVE		1.3 STI	REET ADDRESS				•
CITY-ST-ZIP	PALM HARBOR FL		1.4 CIT	Y-ST-ZIP				
TITLE		☐ DELETE	2.1 TIT	LE.			Change	Addition
NAME	_ · · · · · · · · · · · · · · · · · · ·	,	2.2 NA	ME	• • •			
STREET ADDRESS			2.3 STI	REET ADDRESS	•			•
CITY-ST-ZIP	مهيد بإدار وحر بغ يحدده ي		2.4 CF	Y-ST-ZIP				
TITLE 12753	mark of the same	☐ DELETE	3.1 TIT	LE .			☐ Change	Addition
NAME	BEALTHAN DE ANNO 1120		3.2 NA	ME				
STREET ADDRESS	handa ang ang ang ang ang ang ang ang ang an		3.3 STF	REET ADDRESS	。 数量数6.1、6.12等4.7。	rich La	。 (1983年) (1984年)	ner militär
CITY-ST-ZIP	A HAROOTI FI 17735-		3.4. CF	TY-ST-ZIP	- 製物的機能			
TITLE		☐ DELETE	4.1 TIT	LE		11 144 C	☐ Change	Addition
NAME CLAPA A	6.2.55	POSTUP ACT	4. 2 NA	ME				
STREET ADDRESS		PARK はない、ことが	4.3 STI	REET ADDRESS	•			
CITY-ST-ZIP		#\$	4.4 CIT	Y-ST-ZIP				□ A J J E
TITLE		☐ DELETE	5.1 TIT	1	Control of States	**	Change	Addition
NAME			5.2 NA	1	。1100		· -	-
STREET ADDRESS	OFS)			REET ADDRESS	entropy to the same			
CITY-ST-ZIP	and the statement of th	· ————————————————————————————————————		Y-ST-ZIP	<u> </u>		☐ Change	☐ Addition
TITLE	STREET OF ENDINE	☐ OELETE	6.1 TIT					
NAME	S023 CARASSADGR DAVE PARM PARS DEC		6.2 NA					
STREET ADDRESS	\$1960 P. A. G. S. S. S. S. S.			REET ADDRESS				
CITY-ST-7IP			6.4 CIT	Y-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 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 oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with a other like empowered.

SIGNATURE: