

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -2 AM 8:12

DOCUMENT # J00954

(4)

1. Corporation Name

QUALITY HOMES, INC.

Principal Place of Business

5009 TROUBLE CREEK RD
NEW PORT RICHEY FL 34652
US

Mailing Address

5009 TROUBLE CREEK RD.
NEW PORT RICHEY FL 34652
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/19/1986

3a. Date of Last Report

04/08/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-2682723

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

City & State

23

City & State

28

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be

Added to Fees

Zip

County

24

Zip

County

29

30

6. This corporation has notice for interpretation under S. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOUFFARD, STEVE
5009 TROUBLE CREEK RD
NEW PORT RICHEY FL 34652

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 (print or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when installing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	BOUFFARD, STEVE
STREET ADDRESS	5009 TROUBLE CREEK RD
CITY - ST - ZIP	NEW PORT RICHEY FL
TITLE	VP
NAME	BOUFFARD, KEN
STREET ADDRESS	3501 MEXICALI DR
CITY - ST - ZIP	NEW PORT RICHEY FL
TITLE	VP
NAME	BOUFFARD, DEBBIE
STREET ADDRESS	5009 TROUBLE CREEK RD
CITY - ST - ZIP	NEW PORT RICHEY FL
TITLE	S
NAME	BOUFFARD, BRIAN
STREET ADDRESS	12056 LACEY DR
CITY - ST - ZIP	NEW PORT RICHEY FL
TITLE	TD
NAME	TURPIN, JOE
STREET ADDRESS	2974 SEAN WAY
CITY - ST - ZIP	PALM HARBOR FL
TITLE	D
NAME	TURPIN, TM
STREET ADDRESS	14020 SCHROEDER RD, #155
CITY - ST - ZIP	HOUSTON TX

1.1 TITLE	P/D	☐ Change ☐ Addition
1.2 NAME	Bouffard, Steve	
1.3 STREET ADDRESS	5009 Trouble Creek Rd.	
1.4 CITY - ST - ZIP	New Port Richey, Fl. 34652	
2.1 TITLE	V/D	☒ Change ☐ Addition
2.2 NAME	Bouffard, Ken	
2.3 STREET ADDRESS	3501 Mexicali Dr.	
2.4 CITY - ST - ZIP	New Port Richey, Fl. 34655	
3.1 TITLE	V/D	☒ Change ☐ Addition
3.2 NAME	Bouffard, Debbie	
3.3 STREET ADDRESS	5009 Trouble Creek Rd.	
3.4 CITY - ST - ZIP	New Port Richey, Fl. 34652	
4.1 TITLE	S/D	☒ Change ☐ Addition
4.2 NAME	Bouffard, Brian	
4.3 STREET ADDRESS	6736 Knightsbridge Dr.	
4.4 CITY - ST - ZIP	New Port Richey, Fl. 34653	
5.1 TITLE	T/D	☐ Change ☐ Addition
5.2 NAME	Turpin, Joe	
5.3 STREET ADDRESS	2974 Sean Way	
5.4 CITY - ST - ZIP	Palm Harbor, Fl. 34684	
6.1 TITLE		☒ Change ☐ Addition
6.2 NAME	(Delete)	
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE:

STEVE BOUFFARD

STEVE BOUFFARD

5/7/95

813-849-0047

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Original Number