

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY 18 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J67032** (9)

1. Corporation Name
D. R. NEWHOUSE, INC.

Principal Place of Business: **12734 PALM DRIVE LARGO FL 34644**
Mailing Address: **12734 PALM DRIVE LARGO FL 34644**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/08/1987	3a. Date of Last Report 05/13/1994
4. FEI Number 59-2807418	Applied For New Application
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. The corporation is liable for alternate taxation under Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
State Apt # etc 22	State Apt # etc 27
City & State 23	City & State 28
Zip 24	Zip 29
Country 25	Country 30

9. Name and Address of Current Registered Agent BRADY, MICHAEL G. 9075 SEMINOLE BOULEVARD SUITE D SEMINOLE FL 33542	10. Name and Address of New Registered Agent 81 Name 82 Street Address, P.O. Box, Apartment, etc. (Applicable) 83 84 City FL 85 Zip Code
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11. I, the undersigned, being a duly qualified officer or director of the corporation, hereby certify that the foregoing is a true and correct statement of the information required by this report. My appointment as registered agent is for the term of one year, and I shall continue to act as such agent until my successor is appointed. I am a resident of the State of Florida.

12. OFFICERS AND DIRECTORS	13. ALTERNATE MANAGERS, OFFICERS, DIRECTORS, AND SHAREHOLDERS																																																																																																						
<table border="1"> <tr> <td>NAME</td> <td>PTD NEWHOUSE, RICHARD E.</td> </tr> <tr> <td>STREET ADDRESS</td> <td>12734 PALM DR</td> </tr> <tr> <td>CITY</td> <td>LARGO FL</td> </tr> <tr> <td>STATE</td> <td></td> </tr> <tr> <td>ZIP</td> <td></td> </tr> <tr> <td>DATE</td> <td></td> </tr> <tr> <td>APPOINTED</td> <td></td> </tr> <tr> <td>RESIGNED</td> <td></td> </tr> <tr> <td>REMOVED</td> <td></td> </tr> <tr> <td>DECEASED</td> <td></td> </tr> <tr> <td>RESIGNED</td> <td></td> </tr> <tr> <td>REMOVED</td> <td></td> </tr> <tr> <td>DECEASED</td> <td></td> </tr> <tr> <td>RESIGNED</td> <td></td> </tr> <tr> <td>REMOVED</td> <td></td> </tr> <tr> <td>DECEASED</td> <td></td> </tr> <tr> <td>RESIGNED</td> <td></td> </tr> <tr> <td>REMOVED</td> <td></td> </tr> <tr> <td>DECEASED</td> <td></td> </tr> </table>	NAME	PTD NEWHOUSE, RICHARD E.	STREET ADDRESS	12734 PALM DR	CITY	LARGO FL	STATE		ZIP		DATE		APPOINTED		RESIGNED		REMOVED		DECEASED		RESIGNED		REMOVED		DECEASED		RESIGNED		REMOVED		DECEASED		RESIGNED		REMOVED		DECEASED		<table border="1"> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Shareholder</td> <td><input type="checkbox"/> Add Fee</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td><input type="checkbox"/> Add Fee</td> <td><input type="checkbox"/> Add Fee</td> </tr> <tr> <td>CITY</td> <td></td> <td><input type="checkbox"/> Add Fee</td> <td><input type="checkbox"/> Add Fee</td> </tr> <tr> <td>STATE</td> <td></td> <td><input type="checkbox"/> Add Fee</td> <td><input type="checkbox"/> Add Fee</td> </tr> <tr> <td>ZIP</td> <td></td> <td><input type="checkbox"/> Add Fee</td> <td><input type="checkbox"/> Add Fee</td> </tr> <tr> <td>DATE</td> <td></td> <td><input type="checkbox"/> Add Fee</td> <td><input type="checkbox"/> Add Fee</td> </tr> <tr> <td>APPOINTED</td> <td></td> <td><input type="checkbox"/> Add Fee</td> <td><input type="checkbox"/> Add Fee</td> </tr> <tr> <td>RESIGNED</td> <td></td> <td><input type="checkbox"/> Add Fee</td> <td><input type="checkbox"/> Add Fee</td> </tr> <tr> <td>REMOVED</td> <td></td> <td><input type="checkbox"/> Add Fee</td> <td><input type="checkbox"/> Add Fee</td> </tr> <tr> <td>DECEASED</td> <td></td> <td><input type="checkbox"/> Add Fee</td> <td><input type="checkbox"/> Add Fee</td> </tr> <tr> <td>RESIGNED</td> <td></td> <td><input type="checkbox"/> Add Fee</td> <td><input type="checkbox"/> Add Fee</td> </tr> <tr> <td>REMOVED</td> <td></td> <td><input type="checkbox"/> Add Fee</td> <td><input type="checkbox"/> Add Fee</td> </tr> <tr> <td>DECEASED</td> <td></td> <td><input type="checkbox"/> Add Fee</td> <td><input type="checkbox"/> Add Fee</td> </tr> <tr> <td>RESIGNED</td> <td></td> <td><input type="checkbox"/> Add Fee</td> <td><input type="checkbox"/> Add Fee</td> </tr> <tr> <td>REMOVED</td> <td></td> <td><input type="checkbox"/> Add Fee</td> <td><input type="checkbox"/> Add Fee</td> </tr> <tr> <td>DECEASED</td> <td></td> <td><input type="checkbox"/> Add Fee</td> <td><input type="checkbox"/> Add Fee</td> </tr> </table>	NAME		<input type="checkbox"/> Shareholder	<input type="checkbox"/> Add Fee	STREET ADDRESS		<input type="checkbox"/> Add Fee	<input type="checkbox"/> Add Fee	CITY		<input type="checkbox"/> Add Fee	<input type="checkbox"/> Add Fee	STATE		<input type="checkbox"/> Add Fee	<input type="checkbox"/> Add Fee	ZIP		<input type="checkbox"/> Add Fee	<input type="checkbox"/> Add Fee	DATE		<input type="checkbox"/> Add Fee	<input type="checkbox"/> Add Fee	APPOINTED		<input type="checkbox"/> Add Fee	<input type="checkbox"/> Add Fee	RESIGNED		<input type="checkbox"/> Add Fee	<input type="checkbox"/> Add Fee	REMOVED		<input type="checkbox"/> Add Fee	<input type="checkbox"/> Add Fee	DECEASED		<input type="checkbox"/> Add Fee	<input type="checkbox"/> Add Fee	RESIGNED		<input type="checkbox"/> Add Fee	<input type="checkbox"/> Add Fee	REMOVED		<input type="checkbox"/> Add Fee	<input type="checkbox"/> Add Fee	DECEASED		<input type="checkbox"/> Add Fee	<input type="checkbox"/> Add Fee	RESIGNED		<input type="checkbox"/> Add Fee	<input type="checkbox"/> Add Fee	REMOVED		<input type="checkbox"/> Add Fee	<input type="checkbox"/> Add Fee	DECEASED		<input type="checkbox"/> Add Fee	<input type="checkbox"/> Add Fee
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14. I hereby certify that the information reported with this filing is complete, true and correct, for the exceptions stated in section 608.01, Florida Statutes. I further certify that the information indicated on this report with an appointment assignment is true and is complete. I am a resident of the State of Florida. My appointment as registered agent is for the term of one year, and I shall continue to act as such agent until my successor is appointed. I am a resident of the State of Florida.

SIGNATURE: *Richard E Newhouse* Richard E Newhouse 5/5/95 813-593-2784

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1995



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

APPROVED
AND
FILED

MAY 10 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J67340** (6)
To: Corporation Name:
DUNEDIN MOBILE MANOR HOMEOWNERS, INC.

DEFECTS WERE IN THIS SPACE

1. Principal Place of Business: 130 PATRICIA AVE LOT 19 DUNEDIN FL 34698 US		2a. Mailing Address: 130 PATRICIA AVE LOT 19 DUNEDIN FL 34698 US		3. Date Incorporated or Qualified: 04/15/1987	3a. Date of Last Report: 04/28/1994
21. Principal Place of Business: State: FL	26. Mailing Address: State: FL	4. FEI Number: 59-2801881		Applied Fee: Not Applicable	
22. State Agent: Name: []	27. State Agent: Name: []	5. Certificate of Status Desired: <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Filing State: Name: []	28. Filing State: Name: []	6. Election Campaign Financing: Trust Fund Contribution: <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Filing State: Name: []	29. Filing State: Name: []	30. Filing State: Name: []		8. This corporation has liability for an eligible tax under 5-100(0)(3) Florida Statutes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DAMONTE, JONATHAN JAMES 7800 113TH STREET NORTH SUITE 206 SEMINOLE FL 34642				81. Name:			
				82. Street Address (P.O. Box Number is Not Acceptable):			
				83. City:			
				84. State:	FL	85. Zip Code:	

11. I, the undersigned, the president of the corporation, certify that the information furnished by this corporation supports the statement for this purpose of changing its registered office in accordance with the provisions of the Florida Statutes. I have been authorized by the corporation's board of directors to hereby accept the appointment as registered agent in accordance with the provisions of the Florida Statutes.

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	PD	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
1. OERTLE, ROBERT W. 130 PATRICIA AVE., #30 DUNEDIN FL		2. []	
NAME	SD	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
2. KERNS, WILDA L 130 PATRICIA AVE., #1 DUNEDIN FL		3. []	
NAME	D	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
3. COBLE, LUTHER J. 130 PATRICIA AVE. #119 DUNEDIN FL		4. []	
NAME	D	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
4. KASHATA, JOHN 130 PATRICIA AVE. #36 DUNEDIN FL		5. T/D Gloria Bie 130 Patricia Ave. #23 Dunedin, Florida 34698	
NAME	VPD	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
5. BOND, ARTHUR K. 130 PATRICIA AVE., #121 DUNEDIN FL		6. []	
NAME	T/D	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
6. CORNELL, RAY 130 PATRICIA AVE #20 DUNEDIN FL		7. []	

14. I, the undersigned, certify that the information reported with this filing is substantially true and correct, and that I am qualified to be the registered agent for this corporation. I understand that the undersigned is responsible for the payment of the annual report fee and the filing fee for this report. I understand that the undersigned is responsible for the payment of the annual report fee and the filing fee for this report.

SIGNATURE: *Gloria Bie* Gloria Bie, Treasurer 5-13-95 813-733-0776

561340

DUNEDIN MOBILE MANOR HOMEOWNERS, INC.

12.

7.1	Title	D
7.2	Name	CONGLETON, ROBERT
7.3	St. Address	130 PATRICIA AVE. #11
7.4	City-St	DUNEDIN, FLORIDA 34698

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FLORIDA DEPARTMENT OF STATE
Sandra H. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # J68996 (4)

1. Corporation Name
LYONS HOME BUILDERS, INC.

JULY 12 1996 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **% GARY R. LYONS
1425 SUNLAND RD
DAYTONA BEACH FL 32114**
Mailing Address: **% GARY R. LYONS
1425 SUNLAND RD
DAYTONA BEACH FL 32114**

DATE RECEIVED BY THE SECRETARY

2. Date of Last Report: **21** 2a. Mailing Address: **26**
3. Date of Incorporation: **22** 3a. Date of Last Report: **27**
4. Fiscal Year: **23** 4a. Mailing Address: **28**
5. Date of Report: **24** 5a. Date of Last Report: **29**
6. Fiscal Year: **25** 6a. Mailing Address: **30**

3. Date of Incorporation: **04/21/1987** 3a. Date of Last Report: **02/01/1994**
4. File Number: **59-2800331** 4a. Applied Fee: Not Applicable
5. Certificate of Status: **\$8.75 Additional Fee Required**
6. The firm Campaign Financing Fund Fund Contribution: **\$5.00 May Be Added to Fees**
8. The corporation is a state of Florida corporation: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LYONS, GARY R.
1425 SUNLAND RD
DAYTONA BEACH FL 32114**

81. Name: _____
82. Street Address (If Not Applicable): _____
83. _____
84. City: _____ **FL** 85. State: _____

11. I, the undersigned, certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida. I hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida. I hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida.

12. OFFICERS AND DIRECTORS

NAME	ADDRESS	STATE	TYPE
D LYONS, GARY R. 1425 SUNLAND RD DAYTONA BEACH FL		FL	OFFICER
D LYONS, MARY JANET 1425 SUNLAND RD DAYTONA BEACH FL		FL	OFFICER

13. ADDITIONAL OFFICERS AND DIRECTORS

NAME	ADDRESS	STATE	TYPE

14. I, the undersigned, certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida. I hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida.

SIGNATURE: *Gary R. Lyons* **GARY R. LYONS PRES.**

5-15-95 904-252-0809

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Montagna
Secretary of State
1905 North West 2nd Street
Tallahassee, Florida 32304-0001

DOCUMENT # **J69371**

(9)

AIR MASTERS, INC.

APPROVED
AND
FILED

MAY 15 1995

STATE OF FLORIDA
DEPARTMENT OF STATE

1. Name and Address of Corporation
C/O JAMES R. MEROLA
4114 NORTHLAKE BLVD., SUITE 301
PALM BEACH GARDENS FL 33410

2. Director of Corporation
21. *James R. Merola, P.A.* 24. *James R. Merola, P.A.*

22. *Suite 204, Prosperity Gardens* 23. *Suite 204, Prosperity Gardens*

25. *11380 Prosperity Farms Rd., P.B.G., FL.* 26. *11380 Prosperity Farms Rd., P.B.G., FL.*

27. *33410* 28. *USA* 29. *33410* 30. *USA*

9. Name and Address of Current Registered Agent
MEROLA, JAMES R.
4114 NORTHLAKE BLVD.
SUITE 301
PALM BEACH GARDENS FL 33410

3. Date of Report (Month/Day/Year) **04/27/1987** 3a. Date of Last Report **04/15/1994**

4. FIC Number **65-0040257**

5. Particulars of State (Amount) **\$8.75 Additional Fee Required**

6. Fee for filing corporation report **\$5.00 May Be Added to Fees**

10. Name and Address of New Registered Agent

81. **JAMES R. MEROLA, P.A.**
82. **SUITE 204, PROSPERITY GARDENS**
83. **11380 PROSPERITY FARMS ROAD**
84. **PALM BEACH GARDENS, FL 33410**
85. **FL**

11. Signature of Director
James R. Merola 1/12/95

12. D
BIMBO, ANGELO
421 INGLEWOOD DR.
PALM SPRINGS FL 33461
D
BIMBO, NORMA
421 INGLEWOOD DR.
PALM SPRINGS FL 33461

13. [Empty columns for additional directors]

14. [Empty space for notes]

SIGNATURE: *Angelo Bimbo, President* 3-15-95 (40) 965 011