

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K03277** (6)

1. Corporation Name
TESAR HOMES, INC.



Principal Place of Business: % RICHARD S. TESAR, 3932 SWIFT RD, SARASOTA FL 34231
Mailing Address: % RICHARD S. TESAR, 3932 SWIFT RD, SARASOTA FL 34231

3. Date Incorporated or Qualified: 11/17/1987
3a. Date of Last Report: 04/27/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0012419	Applied For: Not Applicable
22. Suite, Apt #, etc.	27. Suite, Apt #, etc.	5. Certificate of Status Desired: <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25. Country	30. Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TESAR, RICHARD S.
3932 SWIFT RD
SARASOTA FL 34231

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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: TESAR, RICHARD S.	1.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: 3932 SWIFT RD	CITY-ST-ZIP: SARASOTA FL	1.2 NAME:	
	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS:	
TITLE: STD	NAME: TESAR, MARGARET R.	1.4 CITY-ST-ZIP:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: 3932 SWIFT RD	CITY-ST-ZIP: SARASOTA FL	2.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
	<input type="checkbox"/> DELETE	2.2 NAME:	
TITLE:	NAME:	2.3 STREET ADDRESS:	
STREET ADDRESS:		2.4 CITY-ST-ZIP:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
CITY-ST-ZIP:	<input type="checkbox"/> DELETE	3.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
TITLE:	NAME:	3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY-ST-ZIP:	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
TITLE:	NAME:	4.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS:		4.2 NAME:	
CITY-ST-ZIP:	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS:	
TITLE:	NAME:	4.4 CITY-ST-ZIP:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS:		5.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
CITY-ST-ZIP:	<input type="checkbox"/> DELETE	5.2 NAME:	
TITLE:	NAME:	5.3 STREET ADDRESS:	
STREET ADDRESS:		5.4 CITY-ST-ZIP:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
CITY-ST-ZIP:	<input type="checkbox"/> DELETE	6.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
TITLE:	NAME:	6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>

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 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE: Richard S. Tesar DATE: 2-24-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone #: (941) 924-1488

CR2E034 (12/95)