

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1996



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

DOCUMENT # **S65052** (0)

1. Corporation Name  
**L.A. HOME BUILDERS, INC.**



Principal Place of Business: **7718 PONTIAC DRIVE PENSACOLA FL 32506**  
 Mailing Address: **2705 SANIBEL PLACE GULF BREEZE FL 32561 US**

3. Date Incorporated or Qualified: **07/10/1991**  
 3a. Date of Last Report: **05/18/1995**

2. Principal Place of Business	2a. Mailing Address	4. FFI Number	Applied For
21	26 <b>P.O. Box 803</b>	<b>59-3071037</b>	<input type="checkbox"/> Not Applicable
22 Suite Apt #, etc.	27 Suite, Apt #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23 City & State	28 <b>Gulf Breeze, F.</b>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24 Zip	25 Country	29 Zip	30 Country
		<b>32542</b>	<b>SOUTH FLORIDA</b>

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>MATHIS, JOHN 2705 SANIBEL PLACE GULF BREEZE FL 32561</b>	81 Name <b>John L. Mathis</b>
	82 Street Address (P.O. Box Number is Not Acceptable) <b>306 PT. PICKENS ROAD</b>
	83
	84 City <b>Pensacola Beach</b> FL 85 Zip Code <b>32561</b>

11. Pursuant to the provisions of Sections 607.02 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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE: *John L. Mathis* **John L. Mathis President** 7/5/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MATHIS, JOHN L.</b>	1.2 NAME	
STREET ADDRESS	<b>2705 SANIBEL PLACE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GULF BREEZE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MATHIS, LAMAR J</b>	2.2 NAME	<b>DAVID BUTLER</b>
STREET ADDRESS	<b>7718 PONTIAC DR</b>	2.3 STREET ADDRESS	<b>1705 E BURGESS RD</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>	2.4 CITY-ST-ZIP	<b>PENSACOLA, FL 32504</b>
TITLE	<b>TS</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>TS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MATHIS, SCOTT L</b>	3.2 NAME	<b>MATHIS, SCOTT L.</b>
STREET ADDRESS	<b>7718 PONTIAC DR</b>	3.3 STREET ADDRESS	<b>1676 MATTHEWS</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>	3.4 CITY-ST-ZIP	<b>ATLANTA, GA 30320</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an attachment with an address.

SIGNATURE: *John L. Mathis* **John L. Mathis** 7/5/96 904 932-2205

CR2E034 (3/96)