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Apr 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V72223 (3)

1. Corporation Name
LANCE THATE, DESIGNER BUILDER, INC.



Principal Place of Business
770 A1A BCH. BLVD.
SUITE C
ST. AUGUSTINE FL 32084
US

Mailing Address
1093 A1A BEACH BLVD.
SUITE 353
ST. AUGUSTINE FL 32084-6733
US

3. Date Incorporated or Qualified 10/15/1992	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3145086	Applied For Not Applicable
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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 5122 A1A South Suite, Apt. #, etc. 22 City & State 23 ST. AUGUSTINE FL. Zip 24 32084	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 ST. AUGUSTINE FL. Zip 29 32084	Country 25 US 30 US
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9. Name and Address of Current Registered Agent

THATE, LANCE L.
770 A1A BCH. BLVD.
SUITE 353
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 5122 A1A South
83
84 City ST. AUGUSTINE FL
85 Zip Code 32084

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	THATE, LANCE L	1.2 NAME	
STREET ADDRESS	1093 A1A BCH BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	1.4 CITY-ST-ZIP	
TITLE	PT	2.1 TITLE	
NAME	THATE, LANCE L	2.2 NAME	
STREET ADDRESS	1093 A1A BCH. BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	EICH, KATHIE L	3.2 NAME	
STREET ADDRESS	1093 A1A BCH. BLVD., STE. 353	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-97 904-461-D100

CR2E034 (9/96)