

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 AM 9:59

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 230635 (5)

1. Corporation Name

SARASOTA HOMES, INC.

Principal Place of Business

**6565 GATEWAY AVE.
P. O. BOX 1337
SARASOTA FL 34230-8387**

Mailing Address

**6565 GATEWAY AVE.
P. O. BOX 1337
SARASOTA FL 34230-8387**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/30/1959

3a. Date of Last Report

02/10/1994

4. FEI Number

59-1003599

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**MOSS, MARTIN I
1535 HARBOR PLACE
P O BOX 1387
SARASOTA FL 33578**

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable)

(Signature, typed or printed name of registered agent and title if applicable)

(Date)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	MOSS, MARTIN I
STREET ADDRESS	1535 HARBOR PLACE
CITY, ST, ZIP	SARASOTA FL
TITLE	VD
NAME	MOSS, GLORIA
STREET ADDRESS	1535 HARBOR PLACE
CITY, ST, ZIP	SARASOTA FL
TITLE	VD
NAME	MOSS, PEGGY
STREET ADDRESS	1535 HARBOR PLACE
CITY, ST, ZIP	SARASOTA FL
TITLE	DS
NAME	MOSS, JUDY (ASST)
STREET ADDRESS	1535 HARBOR PLACE
CITY, ST, ZIP	SARASOTA FL
TITLE	VSD
NAME	MOSS, MARIAN
STREET ADDRESS	1535 HARBOR PLACE
CITY, ST, ZIP	SARASOTA FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. 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 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, typed or printed name of signing officer or director)

June 12 '95 *922-4566*

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**PROFIT
CORPORATION
ANNUAL REPORT
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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
95 JUN 14 1995

DOCUMENT # 233903

(4)

1. Corporation Name

FLETCHER BROS., INC.

Principal Place of Business

**5715 N.W. 57TH WAY
GAINESVILLE FL 32606**

Mailing Address

**5715 N.W. 57TH WAY
GAINESVILLE FL 32606**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/01/1960

3a. Date of Last Report

06/21/1994

4. FEI Number

59-6060597

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 118.012,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**FLETCHER, GEORGE E
5715 N.W. 57TH WAY
X
GAINESVILLE FL 32606**

10. Name and Address of New Registered Agent

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]

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when registering

DATE

6-12-95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FLETCHER, GEORGE E.
STREET ADDRESS	5715 NW 57TH WAY
CITY, ST, ZIP	GAINESVILLE FL 32653
TITLE	VPD
NAME	FLETCHER, RICHARD W.
STREET ADDRESS	11311 NEWBERRY RD.
CITY, ST, ZIP	GAINESVILLE FL
TITLE	S
NAME	FLETCHER, MARY D.
STREET ADDRESS	11311 NEWBERRY RD.
CITY, ST, ZIP	GAINESVILLE FL
TITLE	D
NAME	FLETCHER, MARY D.
STREET ADDRESS	11311 NEWBERRY RD.
CITY, ST, ZIP	GAINESVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☒ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	32653
21 TITLE	☐ Change ☒ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	32606
31 TITLE	☐ Change ☒ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	32606
41 TITLE	☐ Change ☒ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	32606
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 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

6-12-95

(Date)

(Signature/Name)

CR2E034 (3/95)