

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 # 300134 (4)

1. Corporation Name  
JEFFREY HOMES, INC.



Principal Place of Business  
1308 N. KINGSWAY ROAD  
P. O. BOX 649  
BRANDON FL 33510-2516

Mailing Address  
1308 N. KINGSWAY ROAD  
P. O. BOX 649  
BRANDON FL 33510-2516

3. Date Incorporated or Qualified 12/23/1965 3a. Date of Last Report 03/14/1995

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24 | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29 | 4. FEI Number<br>59-1157089<br>Applied For<br>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 |
|---|--|--|--|---|--|

9. Name and Address of Current Registered Agent

SEFCIK, WILLIAM T.  
510 E. WINDHORST ROAD  
BRANDON FL 33510

10. Name and Address of New Registered Agent

|         |   |    |         |             |
|---------|---|----|---------|-------------|
| 81 Name | 82 Street Address (P.O. Box Number is Not Acceptable) | 83 | 84 City | 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

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

DATE

12. OFFICERS AND DIRECTORS

|                 |   |                       |                                 |
|-----------------|---|-----------------------|---------------------------------|
| TITLE           | P | SEFCIK, WILLIAM T.    | <input type="checkbox"/> DELETE |
| NAME            |   | 510 E. WINDHORST ROAD |                                 |
| STREET ADDRESS  |   | BRANDON FL            |                                 |
| CITY - ST - ZIP |   | DST                   |                                 |
| TITLE           |   | SEFCIK, KAY J.        | <input type="checkbox"/> DELETE |
| NAME            |   | 510 E. WINDHORST ROAD |                                 |
| STREET ADDRESS  |   | BRANDON FL            |                                 |
| CITY - ST - ZIP |   | V                     |                                 |
| TITLE           |   | JEFFREY, AGNES J.     | <input type="checkbox"/> DELETE |
| NAME            |   | 502 E. WINDHORST ROAD |                                 |
| STREET ADDRESS  |   | BRANDON FL            |                                 |
| CITY - ST - ZIP |   | V                     |                                 |
| TITLE           |   | SEFCIK, WILLIAM J.    | <input type="checkbox"/> DELETE |
| NAME            |   | 502 E. WINDHORST RD.  |                                 |
| STREET ADDRESS  |   | BRANDON FL            |                                 |
| CITY - ST - ZIP |   | V                     |                                 |
| TITLE           |   | SEFCIK, BRIAN S       | <input type="checkbox"/> DELETE |
| NAME            |   | 2801 COMMONWEALTH AVE |                                 |
| STREET ADDRESS  |   | VALRICO FL            |                                 |
| CITY - ST - ZIP |   |                       |                                 |
| TITLE           |   |                       | <input type="checkbox"/> DELETE |
| NAME            |   |                       |                                 |
| STREET ADDRESS  |   |                       |                                 |
| CITY - ST - ZIP |   |                       |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |   |
|---------------------|---|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |   |
| 3.3 STREET ADDRESS  |   |
| 3.4 CITY - ST - ZIP |   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |   |
| 4.3 STREET ADDRESS  |   |
| 4.4 CITY - ST - ZIP |   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |   |
| 5.3 STREET ADDRESS  |   |
| 5.4 CITY - ST - ZIP |   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |   |
| 6.3 STREET ADDRESS  |   |
| 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 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

DATE

DAYTIME PHONE #

1-23-96 689-7161

CR2E034 (12/95)