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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 416193

1. Corporation Name

(1)

ECHRON HOMES, INC.

rincipal Place of Business	Mailing Address	
CARDINAL EXECUTIVE OFFICES 7628 N 56TH ST. STE 8 TAMPA FL. 33617 US	CARDINAL EXECUTIVE OFFICES 7628 N 56TH ST. STE 8 TAMPA FL. 33617 US	



7628 N 56TH TAMPA FL. 33 US		1	Cardinal Executive o 7628 N 56th St. Ste 8 Tampa Fl. 33617 US			3. Date incorporated or Qualified	3a. Date o		
US		•				01/08/1973	01/2	20/1995	
2. Principal Pl	lace of Business	2a	, Mailing Address			4. FEI Number		<u></u>	pplied For
<u> </u>		26				58-1152291			ot Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.			5. Certificate of Status Desired		•	Additional equired
City & State	e	28	City & State			6. Election Campaign Financing Trust Fund Contribution		Added	May Be to Fees
Zip 24	Country 25	29	Zip	Count	гу	. 10.133	☐ No		199.032,
	9. Name and Addres	s of Current Regi	stered Agent	1		10. Name and Address of New R	legistered A	gent	
				8	1 Name				
CDIVEN	WILLIAM C.			8	2 Street Add	ress (P.O. Box Number is Not Acceptab	ole)		
	SE PROPERTY MGMT.	INC		10	S JURGUAGO	1000 y 10100 101111100 101111100 101111100 101111100 101111100 101111100 101111100 101111100 101111100 1011111			
	56TH ST., SUITE 2	H10-		8	3				
	FL 33617			-	4 City			85 Zip	Code
				1	1		<u>FL</u>		
11. Pursuant	to the provisions of Section	ons 607.0502 and 6	07.1508, Florida Statute	es, the above	e-named corpo	pration submits this statement for the pur	rpose of chan	nging its re	egistered office
or rogists	ered agent, or both, in the vith, and accept the obliga	State of Floodal Sur	ch change was authorze	ad by the co	rporation's boa	ard of directors. I hereby accept the app	vinument as t	chare en	agent Fam
	with and accept the conge								
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certify that the information indicated on this armulal report or supposability that I am an officer or director of the corporation or the recappears in Block 12 or Block 13 I changed of on an attachmen ementariamma report is mae anni accurate and mat my signature shar have the same legal effect as it made unde wer or trustee ampowered to execute this report as required by Chapter 607, Florida Statutes, and that my name with an address

SIGNATURE:

TED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone ⊯