FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

DOCUMENT # 561626 (3)

1. Corporation Name

PLETCHER HOMES, INC.

Principal Place of Business	Mailing Address
12420 NORTH DALE MABRY TAMPA FL 33618	P.O. BOX 270556 TAMPA FL 33688 US

3. Date Incorporated or Qualified: 03/09/1978	3a. Date of Last Report: 04/26/1995
4. FEI Number: 59-1938176	☐ 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	2a. Mailing Address
21 12410 TARPON SPRINGS RD	26 PO BOX 270556
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 ODESSA, FL	City & State 28 TAMPA, FL
Zip 24 33556 Country 25	Zip 29 33368 Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PLETCHER, JOHN J 4647 GLENSIDE CIR TAMPA FL 33624	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 607.1501, and 607.1502, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PLETCHER, JOHN J		1.2 NAME	
STREET ADDRESS	4647 GLENSIDE CIR		1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000 33624		1.4 CITY-ST-ZIP	
TITLE	VST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PLETCHER, JOHN J		2.2 NAME	
STREET ADDRESS	4647 GLENSIDE CIR		2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000 33624		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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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: _____ 8/1/96 (813) 920 8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AS 8/14/96

COPEM24 (12/95)