

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F18014 (3)

1. Corporation Name

DISHER HOMES, INC.



Principal Place of Business

Mailing Address

5058 ACKLEY TERRACE  
PORT CHARLOTTE FL 33981

5058 ACKLEY TERRACE  
PORT CHARLOTTE FL 33981

3. Date Incorporated or Qualified  
02/02/1981

3a. Date of Last Report  
02/09/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc

Suite, Apt #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HALL, THOMAS P. ESQ  
3443D TAMiami TRAIL  
PORT CHARLOTTE FL 33952-8101

81 Name

Donald Disher

82

Street Address (P.O. Box Number is Not Acceptable)

5058 Ackley Terrace

83

84

City

pt. Charlotte

FL

85

Zip Code

33981

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

*[Signature]*

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

4/6/96

12. OFFICERS AND DIRECTORS

TITLE V ☐ DELETE

NAME DISHER, DONALD D  
STREET ADDRESS 5058 ACKLEY TERRACE  
CITY - ST - ZIP PORT CHARLOTTE, FL 00000

TITLE P ☐ DELETE

NAME DISHER, JAMES LEE  
STREET ADDRESS 2226 COMO STREET  
CITY - ST - ZIP PORT CHARLOTTE, FL 00000

TITLE ST ☒ DELETE

NAME DISHER, MARJORIE J  
STREET ADDRESS 5058 ACKLEY TERRACE  
CITY - ST - ZIP PORT CHARLOTTE, FL 00000

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 057 ☐ Change ☒ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE 0 ☐ Change ☒ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*

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

4/6/96

Daytime Phone

CR2E034 (3/96)