FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

BREWER, DAVID

SIGNATURE

DOCUMENT # Corporation Name

(5)

DAVE BREWER HOMES, INC.

Principal Place of Business		Mailing Address		1 130(133 (110 1911 09100 1111 091			
106 COMMERCE STREET SUITE 110		106 COMME SUITE 110					
LAKE MARY FL 32746		LAKE MÁRY	FL 32/46	3. Date incorporated or Qualified 07/12/1982	3a. Date of Last Report 04/19/1995		
Principal Place of Business 1		2a. Mailing Addr	ess	4. FEI Number	Applied For		
		26		59-2230427	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #	, etc.	5. Certificate of Status Desired	ired S8.75 Additional Fee Required		
City & State		City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees		
Zip 25	Country	7p	Country 30	8. This corporation has liability for Florida Statutes Yes			
1	1	rrent Registered Agent		10. Name and Address of New F	legistered Agent		

106 COMMERCE 83 SUITE 110 LAKE MARY FL 32746 City

Street Address (P.O. Box Number is Not Acceptable) 82 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 Suct. change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes.

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	STD	DELETE	1 1 THLE				Change	Addition
IAME	Brewer, Martha		1.2 NAME					
TREET ADDRESS	1948 ALAQUA DRIVE		13 STREE! ADDRESS	3149	Hassi	Point		
ITY-ST-ZIP	LONGWOOD FL		1.4 CITY - ST- ZIP					
TLE	PD	☐ DELETE	2 1 TITLE				Change	Addition
AME	Brewer, David		2 2 NAME			٠,		
TREET ADDRESS	1948 ALAQUA DRIVE		2.3 STREET ADDRESS	3149	Hassi	hoint		
DITY - S1 - 2IP	LONGWOOD FL		2.4 CHY-ST-ZIP					
ITLE	VD .	DEVELE	3 1 TITLE				☐ Change	☐ Addition
AME	Brewer, Earl		3.2 NAME					
TREET ADDRESS	4312 BLACK OAK LANE		3.3 STREFT ADDRESS					
CITY-ST-ZIP	ZELLWOOD FL		3.4 CITY - ST - ZIP					F-1
ITLE		☐ DELETE	4. 1 TITLE				Change	Addit-on
IAME			4.2 NAMÉ					
TREET ADDRESS			4.3 STREET ADDRESS					
HTY-ST-ZIP			44 CITY - ST - ZIP	.				
ITLE		☐ DELETE	S 1 TITLE				☐ Change	☐ Addition
IAME			S 2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
DITY-ST-ZIP			5.4 C(TY - \$1 - Z)P					
ITLE		☐ DELETE	6 1 1111.5				☐ Change	☐ Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STHEET ADDRESS					
City_St.7IP			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 cath; 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 aridress.

NTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)