

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 # F94000001397 (8)

1. Corporation Name

PATWIL HOMES, INC.



Principal Place of Business

4700 NATHAN LN.
PLYMOUTH MN 55446

Mailing Address

P.O. BOX 46106
PLYMOUTH MN 55446

3. Date Incorporated or Qualified
03/18/1994

3a. Date of Last Report
04/03/1995

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

29

30

4. FEI Number
06-1374410

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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 607.0502 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, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	EINLOTH, JAMES G	
STREET ADDRESS	399 REDSTONE DRIVE	
CITY-STATE-ZIP	CHESHIRE CT	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FENSKE, JAMES E	
STREET ADDRESS	7655 DICKEY LAKE DR.	
CITY-STATE-ZIP	ORONO MN 55356	
TITLE	V	<input type="checkbox"/> DELETE
NAME	NYBERG, RONALD L	
STREET ADDRESS	3059-16TH ST., N.W.	
CITY-STATE-ZIP	NEW BRIGHTON MN 55112	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	HARTMAN, MORRIS J	
STREET ADDRESS	5234 GIRARD AVE., SOUTH	
CITY-STATE-ZIP	MINNEAPOLIS MN 55419	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DODGE, JONATHAN K	
STREET ADDRESS	100 W. 89TH ST.	
CITY-STATE-ZIP	NEW YORK NY 10024	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DEGEORGE, PETER R.	
1.3 STREET ADDRESS	3208 Pilots Point Circle	
1.4 CITY-STATE-ZIP	Jupiter, FL 33477	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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

Morris J. Hartman

2/12/96 (612)553-8348

Date

Daytime Phone #

CR2E034 (12/95)