

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **F95000004560 (7)**

1. Corporation Name

TOWN CENTRE CUSTOM HOMES, INC.

Principal Place of Business

**3128 SW 126TH TER
ARCHER FL 32618**

Mailing Address

**3128 SW 126TH TER
ARCHER FL 32618-2113**



2. Principal Place of Business

21 **4813 NW 37th way**

2a. Mailing Address

26 **P.O. Box 14072**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **GAINESVILLE FL**

City & State

28 **GAINESVILLE FL**

Zip

24 **32605**

Country

25 **USA**

Zip

29 **32604**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**FLEMING, HOWARD H JR
3128 SW 126TH TER
ARCHER FL 32618**

3. Date Incorporated or Qualified

09/20/1995

3a. Date of Last Report

01/22/1996

4. FEI Number

59-3342522

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

10. Name and Address of New Registered Agent

81 Name

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

4813 NW 37th way

84 City

GAINESVILLE

FL

85 Zip Code

32605

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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]

(NOTE: Registered Agent signature required when reinstating)

1/10/97

DATE

12. OFFICERS AND DIRECTORS

TITLE	DCPV	<input type="checkbox"/> DELETE
NAME	FLEMING, HOWARD H JR	
STREET ADDRESS	3128 SW 126TH TER	
CITY - ST - ZIP	ARCHER FL 32618	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	FLEMING, HOWARD H JR	
STREET ADDRESS	3128 SW 126TH TER	
CITY - ST - ZIP	ARCHER FL 32618	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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] **HOWARD H. FLEMING JR** **1/10/97** **352379558**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)