

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G08474** (0)

1. Corporation Name  
**CORDELL HOMES, INC.**



Principal Place of Business: % SUSAN LEE CORDELL, 10720 MAGNOLIA STREET, RIVERVIEW FL 33569  
Mailing Address: % SUSAN LEE CORDELL, 10720 MAGNOLIA STREET, RIVERVIEW FL 33569

3. Date Incorporated or Qualified: **11/17/1982**  
3a. Date of Last Report: **04/07/1995**  
4. FEI Number: **59-2243763**  
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. 190.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, Suite, Apt. #, etc: 22, City & State: 23, Zip: 24, Country: 25  
2a. Mailing Address: 26, Suite, Apt. #, etc: 27, City & State: 28, Zip: 29, Country: 30

9. Name and Address of Current Registered Agent  
**CORDELL, SUSAN LEE  
10720 MAGNOLIA STREET  
RIVERVIEW FL 33569**

10. Name and Address of New Registered Agent  
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 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CORDELL, JOHN A JR	
STREET ADDRESS	10720 MAGNOLIA ST	
CITY-ST-ZIP	RIVERVIEW FL	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	CORDELL, SUSAN LEE	
STREET ADDRESS	10720 MAGNOLIA ST	
CITY-ST-ZIP	RIVERVIEW FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CORDELL, DOROTHY	
STREET ADDRESS	1001 E SLIGH AVE.	
CITY-ST-ZIP	TAMPA FL	
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	10428 Ashley Oaks Drive
14 CITY-ST-ZIP	Riverview, FL 33569
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Cordell Susan
23 STREET ADDRESS	P.O. Box 2961 10428 Ashley Oaks Dr.
24 CITY-ST-ZIP	Riverview FL 33569
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	400001881097
64 CITY-ST-ZIP	-07/02/96--01014--036 ***200.00

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: Susan P. Cordell  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96 813 671-2178  
Date: \_\_\_\_\_ Mailing Place: \_\_\_\_\_

CR2E034 (12/95)