

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Aug 12 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # G78712 (8)

1. Corporation Name  
NETHAM CUSTOM HOMES, INC.

Principal Place of Business

% PETER FONKERT  
3800 AZALEA LANE  
SARASOTA FL 34240-8613

Mailing Address

401 SORRENTO RANCHES  
NOKOMIS FL 34275  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/13/1984

4. FEI Number

59-2367926

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 200 CAPRI ISLES BL  
Suite, Apt. #, etc.

22

City & State

23 VENICE FL

Zip

24 34292

Country

25

2a. Mailing Address

26 PO BOX 297  
Suite, Apt. #, etc.

27

City & State

28 LAUREL FL

Zip

29 34272

Country

30

9. Name and Address of Current Registered Agent

PETERSON, DAVID  
401 SORRENTO RANCHES DRIVE  
NOKOMIS FL 34275

10. Name and Address of New Registered Agent

81 Name David E. PETERSON

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

200 CAPRI ISLES BL

83

84 City VENICE

FL

85 Zip Code 34292

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 DAVID E. PETERSON

8/4/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME FONKERT, PETER  
STREET ADDRESS 3800 AZALEA LANE  
CITY-ST-ZIP SARASOTA FL

TITLE DVT ☐ DELETE

NAME PETERSON, DAVID  
STREET ADDRESS 401 SORRENTO RANCHES DR.  
CITY-ST-ZIP NOKOMIS FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 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:

DAVID E. PETERSON 8/4/98

CR2E034 (5/98)