

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # G79677 (2)

1. Corporation Name

KROGMAN HOMES, INC.



Principal Place of Business

Mailing Address

2829 NEIL ROAD
APOPKA FL 32703
US

2829 NEIL ROAD
APOPKA FL 32703
US

3. Date Incorporated or Qualified

01/20/1984

3a. Date of Last Report

03/28/1995

4. FEI Number

59-2391854

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. 190.032
Florida Statutes

☒

Yes

☐ No

2. Principal Place of Business

21 3132 Holiday AVE

Suite, Apt. #, etc.

22

City & State

23 Apopka, FL

Zip 32703

Country

24 SEMINOLE

2a. Mailing Address

26 3132 Holiday AVE

Suite, Apt. #, etc.

27

City & State

28 Apopka, FL

Zip 32703

Country

29 SEMINOLE

9. Name and Address of Current Registered Agent

KROGMAN, RAYMOND R
2829 NEIL ROAD
APOPKA FL 32703

10. Name and Address of New Registered Agent

81 Name
KROGMAN, Raymond R.

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

83 3132 Holiday AVE

84

City

Apopka

FL

85 Zip Code

32703

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

Raymond R. Kroghman

RAYMOND R. KROGMAN Pres

6-20-96

Signature for or on behalf of registered agent and time if applicable

(NOTE: Registered Agent's signature required when reinstating)

(Date)

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME KROGMAN, RAYMOND R.
STREET ADDRESS 2829 NEIL ROAD
CITY - ST - ZIP APOPKA FL

TITLE VD ☐ DELETE

NAME KROGMAN, MICHELLE L.
STREET ADDRESS 2829 NEIL ROAD
CITY - ST - ZIP APOPKA FL

TITLE S ☐ DELETE

NAME KROGMAN, MICHELLE L.
STREET ADDRESS 2829 NEIL ROAD
CITY - ST - ZIP APOPKA 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PD ☒ Add ☐ Change ☐ Addition

12 NAME KROGMAN, Raymond R.
13 STREET ADDRESS 3132 Holiday AVE
14 CITY - ST - ZIP Apopka, FL 32703

21 TITLE VD ☒ Add ☐ Change ☐ Addition

22 NAME KROGMAN, Michelle L.
23 STREET ADDRESS 3132 Holiday AVE
24 CITY - ST - ZIP Apopka, FL 32703

31 TITLE S ☒ Add ☐ Change ☐ Addition

32 NAME KROGMAN, Michelle L.
33 STREET ADDRESS 3132 Holiday AVE
34 CITY - ST - ZIP Apopka, FL 32703

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
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 included 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Raymond R. Kroghman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-20-96

407-291-2375

Date

Phone Number

CR2E034 (3/96)