

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
CORPORATIONS

92 CIV - 1 1111:07

DOCUMENT # G92305

(3)

1. Corporation Name

CRO-MAR-TIE CONSTRUCTION, INC.

Principal Place of Business

1543 15TH ST. EAST  
P.O. BOX 1581  
BRADENTON FL 34208

Mailing Address

1543 15TH ST. EAST  
P.O. BOX 1581  
BRADENTON FL 34208

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/21/1984

3a. Date of Last Report

08/09/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

4. FBI Number

59-2579914

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 has liability for intangible tax under § 190.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CROMARTIE, JIMMIE LEE  
1543 15TH ST. EAST  
BRADENTON FL 34208

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

34208

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 607.0505, Florida Statutes.

SIGNATURE

(Signature of individual or principal name of registered agent and title of organization)

(If the Registered Agent signature requires or is required)

(Date)

12. OFFICERS AND DIRECTORS

| TITLE | NAME                   | STREET ADDRESS     | CITY, ST, ZIP |
|-------|------------------------|--------------------|---------------|
| PVD   | CROMARTIE, JIMMIE LEE  | 1543 15TH ST. EAST | BRADENTON FL  |
| STD   | CROMARTIE, CHARLYNE P. | 1543 15TH ST. EAST | BRADENTON FL  |
|       |                        |                    |               |
|       |                        |                    |               |
|       |                        |                    |               |
|       |                        |                    |               |
|       |                        |                    |               |
|       |                        |                    |               |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 11 TITLE | 12 NAME | 13 STREET ADDRESS | 14 CITY, ST, ZIP | Change                   | Addition                 |
|----------|---------|-------------------|------------------|--------------------------|--------------------------|
|          |         |                   |                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 21 TITLE | 22 NAME | 23 STREET ADDRESS | 24 CITY, ST, ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 31 TITLE | 32 NAME | 33 STREET ADDRESS | 34 CITY, ST, ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 41 TITLE | 42 NAME | 43 STREET ADDRESS | 44 CITY, ST, ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 51 TITLE | 52 NAME | 53 STREET ADDRESS | 54 CITY, ST, ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 61 TITLE | 62 NAME | 63 STREET ADDRESS | 64 CITY, ST, ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                  | <input type="checkbox"/> | <input type="checkbox"/> |

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 110.07(3)(b), 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:

Jimmie L. Cromartie T-PD

5/31/95

(941) 748-7991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

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

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **G92522**

(3)

1. Corporation Name

**PREFERRED HOMES, INC.**

Principal Place of Business

8 CROSSWAY COURT  
POST OFFICE BOX 2106-32135  
PALM COAST FL 32135  
US

Mailing Address

8 CROSSWAY COURT  
POST OFFICE BOX 35-2106  
PALM COAST FL 32135  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/21/1984

3a. Date of Last Report

06/13/1994

4. FFI Number

59-2403932

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

2. Principal Place of Business

21. 18 COMMANDER COURT

2a. Mailing Address

26. P.O. BOX 2106 32135

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. P.O. BOX 2106

27.

City & State

City & State

23. PALM COAST, FL.

28. PALM COAST, FL.

Zip

Country

Zip

Country

24. 32135

25. FLAGLER

29. 32135

30. FLAGLER

9. Name and Address of Current Registered Agent

CHIUMENTO, MICHAEL D., ESQ.  
4 OLD KINGS RD.  
PALM COAST FL 32135

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 607.1508, 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 607.0508, Florida Statutes.

SIGNATURE

(Signature of Registered Agent required once, thereafter none)

(Signature of Registered Agent required once, thereafter none)

(Date)

12. OFFICERS AND DIRECTORS

|                |                     |
|----------------|---------------------|
| TITLE          | DP                  |
| NAME           | CALLOWAY, VERA J.   |
| STREET ADDRESS | 8 CROSSWAY COURT    |
| CITY, ST, ZIP  | PALM COAST FL 32135 |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY, ST, ZIP  |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY, ST, ZIP  |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY, ST, ZIP  |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY, ST, ZIP  |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY, ST, ZIP  |                     |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |                                                                   |
| 3. STREET ADDRESS  |                                                                   |
| 4. CITY, ST, ZIP   |                                                                   |
| 5. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME            |                                                                   |
| 7. STREET ADDRESS  |                                                                   |
| 8. CITY, ST, ZIP   |                                                                   |
| 9. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME           |                                                                   |
| 11. STREET ADDRESS |                                                                   |
| 12. CITY, ST, ZIP  |                                                                   |
| 13. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME           |                                                                   |
| 15. STREET ADDRESS |                                                                   |
| 16. CITY, ST, ZIP  |                                                                   |
| 17. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME           |                                                                   |
| 19. STREET ADDRESS |                                                                   |
| 20. 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)(b), 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 1937, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

VERA J. CALLOWAY  
Signature and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-2-95

1-904-445-4670