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FILED

Jan 29 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 # H36262

(4)

1. Corporation Name  
HOUSEHOLDER HOMES, INC.



Principal Place of Business  
2820 N. FLA AVE.  
HERNANDO FL 34442-4319  
US

Mailing Address  
2820 N. FLA AVE.  
HERNANDO FL 34442  
US

3. Date Incorporated or Qualified 12/28/1984  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
59-2497951

Applied For  
Not Applicable

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip Country

28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

24 25 29 30 9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOUSEHOLDER, CINDY  
10202 E TRAILS END RD  
FLORAL CITY FL 32636

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
9679 E. Gospel Is. Rd.

83

84 City  
Inverness

FL

85 Zip Code  
34450

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 *Cindy Householder*

1-9-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME HOUSEHOLDER, ROGER L.  
STREET ADDRESS 10202 E. TRAILS END RD  
CITY-ST-ZIP FLORAL CITY FL ☐ DELETE

1.1 TITLE D.P.  
1.2 NAME HOUSEHOLDER, ROGER L.  
1.3 STREET ADDRESS 9679 E. GOSPII IS. RD.  
1.4 CITY-ST-ZIP INVERNESS FL 34450 ☒ Change ☐ Addition

TITLE VST  
NAME HOUSEHOLDER, CINDY D.  
STREET ADDRESS 10202 E. TRAILS END RD  
CITY-ST-ZIP FLORAL CITY FL ☐ DELETE

2.1 TITLE VST  
2.2 NAME HOUSEHOLDER, CINDY D.  
2.3 STREET ADDRESS 9679 E GOSPII IS. RD.  
2.4 CITY-ST-ZIP INVERNESS FL 34450 ☒ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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: *Cindy Householder* *Cindy Householder* 1-9-97 344-9766 (352)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0525892

CR2E034 (9/96)