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PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

appears in Block 12 or

SIGNATURE:

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Feb 05 1997 8:00am

Secretary of State

(96/6)

CR2E034

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H61534

(4)

FOWLER HOMEBUILDERS, INC.

Mailing Address Principal Place of Business 825 SO. BANANA RIVER DR. 825 SO BANANA RIVER DR MERRITT ISLAND FL 32952-2714 MERRITT ISLAND FL 32952 3. Date Incorporated or Qualified 3a. Date of Last Report 06/12/1985 02/02/1996 4. FEI Number 2. Principal Place of Business 2e. Mailing Address Applied For 26-1526910 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country Ζip 8. This corporation has liability for intangible tax under s. 199.032, Yes WNo Florida Statutes 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FOWLER, RUSSELL E. 825 S. BANANA RIVER DR. 82 Street Address (P.O. Box Number is Not Acceptable) MERRITT ISLAND FL 32952 83 City 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 farmfar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signatine type dior printed name of registroid agray and alle flapplesable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition TITLE 1.1 TOLE FOWLER, RUSSELL E 1.2 NAME NAME 825 SO. BANANA RIVER DR. 1.3 STREET ADDRESS STREET ADDRESS MERRITT ISLAND FL 1.4 CITY-ST-*T*IP DOM: ST- ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY - ST - 2(P Change Addition DELETE TITLE 3.1.1(T) F NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-7/P Change Addition DELETE 4.1 TITLE HILE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 5.1 TITLE Till: F NAME 5.2 NAME **53 STREET ADDRESS** STREET ACIDRESS 5.4 CITY-ST-ZIP CITY-S1-7/2 Addition Change ☐ DELETE 61 TITLE TITLE 6.2 NAME 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 eath; 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

27 JAN 31, 1997 (407) 453-5303