

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 28 PM 5:13

DOCUMENT # **H66785**

(7)

1. Corporation Name

**STEELCORE HOMES, INC.**

Principal Place of Business

**4668 CENTERGATE BLVD  
SARASOTA FL 34233  
US**

Mailing Address

**4668 CENTERGATE BLVD  
SARASOTA FL 34233  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/27/1985**

3a. Date of Last Report

**04/26/1994**

4. FEI Number

**59-2554944**

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

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. Zip Country

29. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PITTENGER, RICHARD D.  
4668 CENTERGATE BLVD  
SARASOTA FL 34233**

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 607.0505, Florida Statutes.

SIGNATURE

(Signature of current registered agent and the applicable:

(If the Registered Agent Signature is required when submitting:

(Signature)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                       |
|----------------|-----------------------|
| TITLE          | PD                    |
| NAME           | PITTENGER, RICHARD D. |
| STREET ADDRESS | 4668 CENTERGATE BLVD  |
| CITY- ST- ZIP  | SARASOTA FL           |
| TITLE          | D                     |
| NAME           | PITTENGER, BONITA F.  |
| STREET ADDRESS | 4668 CENTERGATE BLVD  |
| CITY- ST- ZIP  | SARASOTA FL           |
| TITLE          | D                     |
| NAME           | PITTENGER, KEITH A.   |
| STREET ADDRESS | 4566 SATINLEAF LANE   |
| CITY- ST- ZIP  | SARASOTA FL           |
| TITLE          | D                     |
| NAME           | PITTENGER, BARBARA G. |
| STREET ADDRESS | 4566 SATINLEAF LANE   |
| CITY- ST- ZIP  | SARASOTA FL           |
| TITLE          | D                     |
| NAME           | MCCOY, ROBIN L.       |
| STREET ADDRESS | 2045 TIMUCUA TRAIL    |
| CITY- ST- ZIP  | NOKOMIS FL            |
| TITLE          | D                     |
| NAME           | MCCOY, KATHLEEN A.    |
| STREET ADDRESS | 2045 TIMUCUA TRAIL    |
| CITY- ST- ZIP  | NOKOMIS FL            |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY- ST- ZIP  |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY- ST- ZIP  |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY- ST- ZIP  |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY- ST- ZIP  |                                                                   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY- ST- ZIP  |                                                                   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |                                                                   |
| 6.3 STREET ADDRESS |                                                                   |
| 6.4 CITY- ST- ZIP  |                                                                   |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and I deem not qualify for the exemption stated in Section 119 (12)(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 owner or trustee empowered to execute this report as required by Chapter 007, Florida Statutes, and that my name appears in Block 12 or Block 13 and changed, or on an addition with an addition.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/95

813-378-2288