

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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -7 AM 10:51

DOCUMENT # J08820 (9)

1. Corporation Name

AMERICAN RESIDENTIAL CENTERS, INC.

Principal Place of Business

**12012 BOYETTE RD.
RIVERVIEW FL 33569**

Mailing Address

**12012 BOYETTE RD.
RIVERVIEW FL 33569**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/10/1986

3a. Date of Last Report

04/08/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

4. FEI Number

59-2670742

Applied For

Not Applicable

22
City & State

27
City & State

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

23
Zip

Country

28
Zip

Country

6. Election Campaign Financing

**\$5.00 May Be
Added to Fees**

24

Country

29

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILEY, WILLIAM B.
215 S. MONROE ST.
S-606
TALLAHASSEE FL 32301**

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	STD
NAME	HOEFLE, EDWARD C.
STREET ADDRESS	8912 EAGLE WATCH DR
CITY - ST - ZIP	RIVERVIEW FL
TITLE	D
NAME	HARRIMAN, MALCOLM B.
STREET ADDRESS	2528 MASON OAKS DR.
CITY - ST - ZIP	VALRICO FL
TITLE	D
NAME	KNAUS, RONALD L.
STREET ADDRESS	1520 GULF BLVD, #1002
CITY - ST - ZIP	CLEARWATER FL
TITLE	D
NAME	SHIVE, WAYNE M.
STREET ADDRESS	1330 MEDICAL PARK DR.
CITY - ST - ZIP	FT. WAYNE IN
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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 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 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 or 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:

EDWARD C. HOEFLE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD C. HOEFLE 3/28/95

Date

813/677-6700

Telephone Number