

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J42812

(4)

1. Corporation Name

D. B. TEMPLE HOMES, INC.



Principal Place of Business

% DAVID B. TEMPLE  
2253 CAMERON LANE  
SARASOTA FL 34231-4213

Mailing Address

% DAVID B. TEMPLE  
2253 CAMERON LANE  
SARASOTA FL 34231-4213

3. Date Incorporated or Qualified  
11/06/1986

3a. Date of Last Report  
04/25/1995

2. Principal Place of Business  
21 8071 Boca Grande Ave.

2a. Mailing Address  
26 P.O. Box 7815

4. FEI Number  
59-2741629

Applied For  
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

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

23 City & State

28 City & State

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

North Port, FL

North Port, FL

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

24 Zip 34287

25 Country Sarasota

29 Zip 34287

30 Country Sarasota

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TEMPLE, DAVID B.  
2253 CAMERON LANE  
SARASOTA FL 33581

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
8071 Boca Grande Ave.

83

84 City North Port

FL 85 Zip Code 34287

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.

4/22/96

SIGNATURE

(Signature, typed or printed name of registered agent and title of applicant)

(NOTE: Registered Agent's signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPT  
NAME TEMPLE, DAVID B.  
STREET ADDRESS 2253 CAMERON LANE  
CITY-ST-ZIP SARASOTA FL ☐ DELETE

TITLE DS  
NAME TEMPLE, FRANCES J.  
STREET ADDRESS 2253 CAMERON LANE  
CITY-ST-ZIP SARASOTA FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE  
12 NAME  
13 STREET ADDRESS 8071 Boca Grande Ave.  
14 CITY-ST-ZIP North Port, FL 34287

☒ Change ☐ Addition

21 TITLE  
22 NAME  
23 STREET ADDRESS 8071 Boca Grande Ave.  
24 CITY-ST-ZIP North Port, FL 34287

☐ Change ☐ Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP ☐ Change ☐ Addition

☐ Change ☐ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP ☐ Change ☐ Addition

☐ Change ☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP ☐ Change ☐ Addition

☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP ☐ Change ☐ Addition

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 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.

David B. Temple, President

4/22/96

941-423-9061

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Outside Phone #

CR2E034 (12/95)