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Apr 02 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 # J42812

(4)

1. Corporation Name

D. B. TEMPLE HOMES, INC.

Principal Place of Business

Mailing Address

8071 BOCA GRANDE AVE  
2253 CAMERON LANE  
NORTH PORT FL 34287  
US

PO BOX 7815  
2253 CAMERON LANE  
NORTH PORT FL 34287-0815  
US

2. Principal Place of Business

2a. Mailing Address

21 6564 Beedla St.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23 North Port, FL

28

Zip

Country

Zip

Country

24 34286

25

29

30

9. Name and Address of Current Registered Agent

TEMPLE, DAVID B.  
8071 BOCA GRANDE AVE  
NORTH PORT FL 34287

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

6564 Beedla St.

83

84 City

North Port

FL

85 Zip Code  
34286

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	TEMPLE, DAVID B	
STREET ADDRESS	8071 BOCA GRANDE AVE	
CITY - ST - ZIP	NORTH PORT FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	TEMPLE, FRANCES J.	
STREET ADDRESS	8071 BOCA GRANDE AVE	
CITY - ST - ZIP	NORTH PORT FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	6564 Beedla St.
1.4 CITY - ST - ZIP	North Port, FL 34286
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	6564 Beedla St.
2.4 CITY - ST - ZIP	North Port, FL 34286
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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID B. TEMPLE

3/23/97

941-423-0211

Date

Daytime Phone #

0436461

CR2E034 (9/96)