

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J43904** (8)

1. Corporation Name

REESE MCCAULEY QUALITY HOMES, INC.



Principal Place of Business

Mailing Address

**10080 COUNTRY BROOK ROAD
BOCA RATON FL 33428
US**

**10080 COUNTRY BROOK ROAD
BOCA RATON FL 33428
US**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**MCCAULEY, REESE
10080 COUNTRY BROOK ROAD
BOCA RATON FL 33428**

3. Date Incorporated or Qualified

11/24/1986

3a. Date of Last Report

01/31/1995

4. FEI Number

59-2741955

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

10. Name and Address of New Registered Agent

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 607.0702 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 607.1508, Florida Statutes.

SIGNATURE

(Signature of person accepting appointment as registered agent)

(Signature of person accepting appointment as registered agent)

Date

12. OFFICERS AND DIRECTORS

1. NAME	P	☐ DELETE
2. STREET ADDRESS	MCCAULEY, REESE S., SR.	
3. CITY-STATE-ZIP	10080 COUNTRY BROOK ROAD	
4. TITLE	BOCA RATON FL	
5. NAME		☐ DELETE
6. STREET ADDRESS		
7. CITY-STATE-ZIP		
8. TITLE		☐ DELETE
9. NAME		
10. STREET ADDRESS		
11. CITY-STATE-ZIP		
12. TITLE		☐ DELETE
13. NAME		
14. STREET ADDRESS		
15. CITY-STATE-ZIP		
16. TITLE		☐ DELETE
17. NAME		
18. STREET ADDRESS		
19. CITY-STATE-ZIP		
20. TITLE		☐ DELETE

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-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 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:

Reese McCauley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-96

1-407-482-4663

CR2E034 (12/95)