

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # **J47585** (1)

1. Corporation Name

SIGNATURE HOMES OF PORT CHARLOTTE, INC.



Principal Place of Business

Mailing Address

**2825 TAMiami TRAIL, SUITE B-4
PUNTA GORDA FL 33950**

**2825 TAMiami TRAIL, SUITE B-4
PUNTA GORDA FL 33950**

2. Principal Place of Business

2a. Mailing Address

21	Street Address	26	Street Address
22	City & State	27	City & State
23	Zip	28	City & State
24	County	29	Zip
25	County	30	County

9. Name and Address of Current Registered Agent

**TOWLES, TIMOTHY B.
2825 TAMiami TRAIL, SUITE B-4
PUNTA GORDA FL 33950**

3. Date Incorporated or Qualified

12/15/1986

3a. Date of Last Report

01/18/1995

4. FEI Number

59-2743740

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
85	Zip Code

FL

11. Pursuant to the provisions of Sections 607.0602 and 607.1504, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office, its 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, Sections 607.0605, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

12	NAME	[] DELETE
13	PD TOWLES, TIMOTHY B. 262 GOERGE ROAD PORT CHARLOTTE FL VD	[] DELETE
14	NAME	[] DELETE
15	HOWARD, JOSEPH E. 4455 BAYVIEW STREET PT CHARLOTTE FL	[] DELETE
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13	NAME	[] Change [] Addition
14	NAME	[] Change [] Addition
15	NAME	[] Change [] Addition
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100	NAME	[] Change [] Addition

14. I, the undersigned, certify that the information supplied in this filing is accurately furnished and does not qualify for the exemption stated in Section 119.07(9)(k), Florida Statutes. I further certify that the information indicated on this annual report or Supplemental Amendment is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 in an attachment with an address.

SIGNATURE: **Timothy B. Towles**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96

941-575-1515

CR2E034 (12/95)