

# 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

APPROVED  
AND  
FILED

95 APR 28 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K13602

(3)

1. Corporation Name

B & H CUSTOM BUILDERS, INC.

Principal Place of Business

1240 SE HWY 484  
OCALA FL 34480  
US

Mailing Address

1240 SE HWY 484  
OCALA FL 34480  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/26/1988

3a. Date of Last Report

04/29/1994

4. FEI Number

59-2141035

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

2. Principal Place of Business

21 737 NE 8th Ave.

2a. Mailing Address

26 P.O. Box 753

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Ocala, FL

Zip Country

24 34470 25 Marion

City & State

28 Silver Springs, FL

Zip Country

29 34489 30 Marion

9. Name and Address of Current Registered Agent

WEBSTER, ROSEANNE L  
1240 S.E. 135TH ST  
OCALA FL 32676

10. Name and Address of New Registered Agent

81 Name Katherine A. Gullige

82 Street Address (P.O. Box Number is Not Acceptable)  
13100 NE 40th Place

83

84 City Silver Springs FL 85 Zip Code 34489

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

Katherine A. Gullige

(Note: Registered Agent signature required when terminating)

4/21/95  
DATE

12. OFFICERS AND DIRECTORS

|                |                     |
|----------------|---------------------|
| TITLE          | P                   |
| NAME           | WEBSTER, ROBERT E.  |
| STREET ADDRESS | 1240 SE 135TH ST.   |
| CITY, ST, ZIP  | OCALA FL            |
| TITLE          | S                   |
| NAME           | WEBSTER, ROSEANN L. |
| STREET ADDRESS | 1240 SE 135TH ST.   |
| CITY, ST, ZIP  | OCALA FL            |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY, ST, ZIP  |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY, ST, ZIP  |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY, ST, ZIP  |                     |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                       |                                                                              |
|--------------------|-----------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | P                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | Gullige, Donald I.    |                                                                              |
| 1.3 STREET ADDRESS | 737 NE 8th Ave.       |                                                                              |
| 1.4 CITY, ST, ZIP  | Ocala, FL. 34470      |                                                                              |
| 2.1 TITLE          | VP                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | Webster, Robert E.    |                                                                              |
| 2.3 STREET ADDRESS | 1240 SE 135th ST.     |                                                                              |
| 2.4 CITY, ST, ZIP  | Ocala, FL 34480       |                                                                              |
| 3.1 TITLE          | S                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | Gullige, Katherine A. |                                                                              |
| 3.3 STREET ADDRESS | 737 NE 8th Ave.       |                                                                              |
| 3.4 CITY, ST, ZIP  | Ocala, FL. 34470      |                                                                              |
| 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 hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

Donald Gullige DONALD GULLIGE

4/21/95 (904) 368-2022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #