

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # K36576 (2)

1. Corporation Name

DART HOMES, INC.

Principal Place of Business

P.O. BOX 7823  
NORTH PORT FL 34287

Mailing Address

P.O. BOX 7823  
NORTH PORT FL 34287



2. Principal Place of Business

2a. Mailing Address

21 7245 PRICE BLVD

26 7245 PRICE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 NORTH PORT, FL

28 NORTH PORT, FL

24 34287

25 SARASOTA

29 34287

30 SARASOTA

9. Name and Address of Current Registered Agent

BRITTAIN, CLETUS E., JR.  
320 FRANCISCO ST.  
WARM MINERAL SPRINGS FL 34287

RESIGNED  
JAN 1, 1996

81

Name MARGARET G TOMLINS

82

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

7245 PRICE BLVD

83

84

City NORTH PORT

FL

85 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.

SIGNATURE MARGARET G TOMLINS / PRESIDENT

APRIL 24, 1996

12. OFFICERS AND DIRECTORS

|                 |                          |  |
|-----------------|--------------------------|--|
| TITLE           | DVS                      | <input type="checkbox"/> DELETE            |
| NAME            | TOMLINS, CALVIN J.       |  |
| STREET ADDRESS  | 7245 W PRICE BLVD.       |  |
| CITY - ST - ZIP | NORTH PORT FL            |  |
| TITLE           | DPT                      | <input type="checkbox"/> DELETE            |
| NAME            | TOMLINS, MARGARET        |  |
| STREET ADDRESS  | 7245 W. PRICE BLVD.      |  |
| CITY - ST - ZIP | NORTH PORT FL            |  |
| TITLE           | D                        | <input checked="" type="checkbox"/> DELETE |
| NAME            | BRITTAIN, CLETUS E., JR. |  |
| STREET ADDRESS  | 320 FRANCISCO ST.        |  |
| CITY - ST - ZIP | WARM MINERAL SPGS 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 type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |
| 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 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 as an attachment with an address.

SIGNATURE: MARGARET G TOMLINS / PRESIDENT

APRIL 24, 1996

941-426-3701

CR2E034 (12/95)