

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 03 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **K38745** (1)

1. Corporation Name
QUALITY BUILDERS OF HOLMES BEACH, INC.



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| Principal Place of Business 5909 FLOTILLA DR. HOLMES BEACH FL 34217 US | Mailing Address P.O. BOX 1232 HOLMES BEACH FL 34218-1232 US |
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| 2. Principal Place of Business 21 5500 Marina Drive Suite, Apt. #, etc. 22 City & State 23 Holmes Beach FL Zip 24 34217 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Manatee Country 30 | 3. Date Incorporated or Qualified 10/10/1988 | 3a. Date of Last Report 04/29/1996 |
| | | 4. FEI Number 65-0075836 | Applied For <input type="checkbox"/> Not Applicable |
| | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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| 9. Name and Address of Current Registered Agent OBERHOFFER SHEILA 5909 FLOTILLA DR HOLMES BEACH FL 34217 | 10. Name and Address of New Registered Agent 81 Name Gregory Oberhofer 82 Street Address (P.O. Box Number is Not Acceptable) 5909 Flotilla Drive 83 84 City Holmes Beach FL 85 Zip Code 34217 |
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11. Pursuant to the provisions of Sections 607.0501 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 *Gregory Oberhofer* **Gregory Oberhofer** (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---------------------------------|---|---|
| TITLE P | <input type="checkbox"/> DELETE | 1.1 TITLE President | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME OBERHOFFER, SHEILA | | 1.2 NAME Oberhofer, Gregory | |
| STREET ADDRESS 5909 FLOTILLA DR | | 1.3 STREET ADDRESS 5909 Flotilla Drive | |
| CITY-ST-ZIP HOLMES BEACH FL | | 1.4 CITY-ST-ZIP Holmes Beach, FL 34217 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE VP | <input type="checkbox"/> DELETE | 2.1 TITLE Vice President | |
| NAME OBERHOFFER, GREGORY | | 2.2 NAME Oberhofer, Sheila | |
| STREET ADDRESS 5909 FLOTILLA DR | | 2.3 STREET ADDRESS 5909 Flotilla Drive | |
| CITY-ST-ZIP HOLMES BEACH FL | | 2.4 CITY-ST-ZIP Holmes Beach FL 34217 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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: *Gregory Oberhofer* **Gregory Oberhofer** 941-778-7127
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)