

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **K42050** (0)

1. Corporation Name

**DESIGNER HOMES REALTY, INC.**

Principal Place of Business

**4310 MONTAGE DR.  
PENSACOLA FL 32504  
US**

Mailing Address

**P.O. BOX 15673  
PENSACOLA FL 32514  
US**



3. Date Incorporated or Qualified

**10/31/1988**

3a. Date of Last Report

**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 **67106 N. 9th Avenue**

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 **B-5**

28 City & State

City & State

**Pensa**

29 City & State

24 Zip

25 Country

Zip

30 Country

4. FEI Number

**59-2917562**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEMON, RAY C.  
4202 BRITTANY CT.  
PENSACOLA FL 32504**

81 Name

**Randall S. Lemon**

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

**3995 Rommitch Lane**

83

84 City

**Pensacola**

**FL**

85 Zip Code

**32504**

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 607.0506, Florida Statutes.

SIGNATURE

*Randall S. Lemon*

Signature, typed or printed name of registered agent and title if applicable

(VOLE Registered Agent signature required when reinstating)

**1/24/96**

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DPT  
WEBB, SHARON W.**  
STREET ADDRESS **1548 CHUMUCKLA HWY.**  
CITY-ST-ZIP **PACE FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

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CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2. TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3. TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4. TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5. TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6. TITLE

62 NAME

63 STREET ADDRESS

64 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 on an attachment with an address.

SIGNATURE:

*Sharon Webb*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-24-96**

Date

Daytime Phone #

CR2E034 (12/95)