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Jan 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

6706 N 9TH AVENUE
B-5
PENSACOLA FL 32504
US

Mailing Address

P.O. BOX 15873
PENSACOLA FL 32514-0673
US

3. Date Incorporated or Qualified
10/31/1988

3a. Date of Last Report
03/04/1996

2. Principal Place of Business

21 1182 Tiger Trace Blvd
Suite Apt #, etc.

22 City & State

23 Gulf Breeze, Florida
Zip 32561 Country USA

24

25

2a. Mailing Address

26 Suite Apt #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-2917562

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

9. Name and Address of Current Registered Agent

LEMON, RANDALL S
3995 ROMMITCH LANE
PENSACOLA FL 32504

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Type name of the person signing; if a corporation, name of the officer or director)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

11.1 TITLE

NAME
DPT
WEBB, SHARON W.
1548 CHUMUCKLA HWY.
PACE FL

11.2 STREET ADDRESS

11.3 CITY - ST - ZIP

11.4 TITLE

11.5 NAME

11.6 STREET ADDRESS

11.7 CITY - ST - ZIP

11.8 TITLE

11.9 NAME

11.10 STREET ADDRESS

11.11 CITY - ST - ZIP

11.12 TITLE

11.13 NAME

11.14 STREET ADDRESS

11.15 CITY - ST - ZIP

11.16 TITLE

11.17 NAME

11.18 STREET ADDRESS

11.19 CITY - ST - ZIP

11.20 TITLE

11.21 NAME

11.22 STREET ADDRESS

11.23 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sharon Webb 1-21-97

Daytime Phone #

CR2E034 (9/96)