

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K74348**

(9)

1. Corporation Name

R & B HOMES, INC.



Principal Place of Business

**1600 U.S. 98
LORIDA FL 33857**

Mailing Address

**1600 U.S. 98
LORIDA FL 33857**

2. Principal Place of Business

21 **1741 U.S. Hwy 98**

Suite, Apt. #, etc.

22 City & State

23 **Lorida, Florida**

24 **33857**

25 **Highlands**

2a. Mailing Address

26 **P.O. Box 494**

Suite, Apt. #, etc.

27 City & State

28 **Lorida, Florida**

29 **33857**

30 **Highlands**

9. Name and Address of Current Registered Agent

**BREED, E. MARK, III
335 SOUTH COMMERCE
SEBRING FL 33870**

3. Date Incorporated or Qualified
03/21/1989

3a. Date of Last Report
04/11/1995

4. FEI Number
59-2938749

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

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 607.0902 and 607.1502, 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 607.0503, Florida Statutes.

SIGNATURE

Signature of New Registered Agent (If Applicable)

Signature of Current Registered Agent (If Applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☒ DELETE
NAME	MCCOWIEN, ROBERT F	
STREET ADDRESS	1741 US HIGHWAY 98	
CITY-ST-ZIP	LORIDA FL	
TITLE	DST	☒ DELETE
NAME	MCCOWIEN, RUTH A.	
STREET ADDRESS	1741 US HIGHWAY 98	
CITY-ST-ZIP	LORIDA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	☒ Change ☐ Addition
NAME	McCowien, Ruth Mrs.	
STREET ADDRESS	P.O. Box 496 933 Bluff Hammock Rd.	
CITY-ST-ZIP	Lorida, Fla. 33857	
TITLE	ST	☐ Change ☒ Addition
NAME	Howard, Ronald G.	
STREET ADDRESS	1309 Palm Blvd.	
CITY-ST-ZIP	Port St. Joe, Fla. 32456	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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)(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 its predecessor or trustee, and that I am qualified 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: **Ruth M^c Cowien**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 10, 1996

**941-
655-1784
655-3900**

CR2E034 (12/95)