

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 04, 1996 08:00 AM
Secretary of State

DOCUMENT # **K75382 (7)**
1. Corporation Name
SWEET HOMEBUILDERS AND REMODELING, INC.



Principal Place of Business Mailing Address
322 FOX DEN CT DESTIN FL 32541 US **P.O. BOX 1042 NICEVILLE FL 32568 US**

2. Principal Place of Business 2a. Mailing Address
21 **151 REGIONS WAY** 26 **151 REGIONS WAY**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Bldg 1, Suite C** 27 **Bldg 1, Suite C**
City & State City & State
23 **DESTIN FL** 28 **DESTIN FL**
Zip Country Zip Country
24 **32541** 25 **OKALOOSA** 29 **32541** 30 **OKALOOSA**

3. Date Incorporated or Qualified **03/21/1989** 3a. Date of Last Report **04/28/1995**
4. FEI Number **59-3044970** 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

9. Name and Address of Current Registered Agent
SWEET, MAURICE
219 PARKWOOD CIR
NICEVILLE FL 32578

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
217 MATTIE'S WAY
83
84 City **DESTIN** FL 85 Zip Code **32541**

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 _____ DATE _____
Signature (Typed or Printed Name of Registered Agent or Director) (Date)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SWEET, MAURICE	
STREET ADDRESS	219 PARKWOOD CIR.	
CITY-STATE-ZIP	NICEVILLE FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	SWEET, CHERYL	
STREET ADDRESS	219 PARKWOOD CIR.	
CITY-STATE-ZIP	NICEVILLE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BUCKLEY, CLIFFORD	
STREET ADDRESS	28 AZALEA DRIVE	
CITY-STATE-ZIP	MARY ESTHER FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HUEY, LONNIE J	
STREET ADDRESS	4707 KNOLLWOOD ROAD	
CITY-STATE-ZIP	NICEVILLE FL 32578	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	STEWART, ROLAND E	
STREET ADDRESS	574 POCHANTAS	
CITY-STATE-ZIP	FT. WALTON BEACH FL 32569	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BUCKLEY, CLIFFORD	
STREET ADDRESS	28 AZALEA DRIVE	
CITY-STATE-ZIP	MARY ESTHER FL 32569	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	217 MATTIE'S WAY
1.4 CITY-STATE-ZIP	DESTIN FL 32541
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	217 MATTIE'S WAY
2.4 CITY-STATE-ZIP	DESTIN FL 32541
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ARMSTRONG, GERALD A.
3.3 STREET ADDRESS	4498 CLIPPER COVE
3.4 CITY-STATE-ZIP	DESTIN FL 32541
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VP-Planning/Custom Service
4.3 STREET ADDRESS	Wildes, Keith A
4.4 CITY-STATE-ZIP	645 James Lee Rd #142
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	FT WALTON Bch, FL 32547
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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: **2/28/96** **904 837-4299**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)