

**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**

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

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**

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

10. Name and Address of New Registered Agent  
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 of Registration Change or Renewal)

12. OFFICERS AND DIRECTORS

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

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	<b>217 MATTIE'S WAY</b>
1.4 CITY-STATE-ZIP	<b>DESTIN FL 32541</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>217 MATTIE'S WAY</b>
2.4 CITY-STATE-ZIP	<b>DESTIN FL 32541</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>ARMSTRONG, GERALD A.</b>
3.3 STREET ADDRESS	<b>4498 CLIPPER COVE</b>
3.4 CITY-STATE-ZIP	<b>DESTIN FL 32541</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>VP-Planning/Custom Service</b>
4.3 STREET ADDRESS	<b>Wildes, Keith A</b>
4.4 CITY-STATE-ZIP	<b>645 JAMES LEE Rd #142</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>FT WALTON Bch, FL 32547</b>
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)