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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # L14016 (4)

1. Corporation Name

NEW HOUSE CONSTRUCTION, INC.



Principal Place of Business

Mailing Address

POST OFFICE BOX 9032  
PORT CHARLOTTE FL 33949

POST OFFICE BOX 9032  
PORT CHARLOTTE FL 33949

2. Principal Place of Business

2a. Mailing Address

21 25244 Rampart Blvd (Motel) 26 25244 Rampart Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 P.O. Box #9032

27

City & State

City & State

23 Port Charlotte, FL

28 Florida 33983

24 33949

25 Charlotte

29 33983

30 Charlotte

9. Name and Address of Current Registered Agent

BENZING, JOHN J.  
4456 TAMiami TRAIL A-8  
PORT CHARLOTTE FL 33980

NEW

81 Name

SAME

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

25475 DEEP CREEK BLVD

83

P.O. Box #9032

84

Port Charlotte

FL

85

Zip Code  
33949

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

Russell A. ORMROD

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

Russell A. ORMROD PRES. 1-12-96

(NOTE: Registered Agent Signature Required when changing up)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

PT

NAME

ORMROD RUSSELL A.

STREET ADDRESS

25360 DEEP CREEK BLVD.

CITY-ST-ZIP

PORT CHARLOTTE FL 33949

TITLE

VP

NAME

JOZWIAK ARTHUR D.

STREET ADDRESS

3098 MAUK TERR.

CITY-ST-ZIP

PORT CHARLOTTE FL 33981

TITLE

S

NAME

ORMROD, BARBARA M.

STREET ADDRESS

26360 DEEP CREEK BLVD.

CITY-ST-ZIP

PORT CHARLOTTE FL 33949

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Russell A. ORMROD  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

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.

1-12-96 (941)625-2555  
DATE DAYTIME PHONE #

CR2E034 (12/95)