

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **L50797** (4)

1. Corporation Name

**FLORIDA ENVIRONMENTAL HOMES, INC.**



Principal Place of Business

**1007 GREEN HILL TRACE  
TALLAHASSEE FL 32311  
US**

Mailing Address

**1007 GREEN HILL TRACE  
TALLAHASSEE FL 32311  
US**

3. Date Incorporated or Qualified  
**02/16/1990**

3a. Date of Last Report  
**08/07/1995**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number  
**59-2990101**

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

**LONG, LOUIS L., JR.  
322 BEARD STREET  
TALLAHASSEE FL 32303**

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

SIGNATURE

Signature of person submitting this statement and the individual

(If the Registered Agent is a corporation, the signature of the

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
**DP  
GAVINS, BENJAMIN LEE**  
STREET ADDRESS  
**1007 GREEN HILL TRACE**  
CITY - ST - ZIP  
**TALLAHASSEE FL**

TITLE ☐ DELETE

NAME  
**DST  
GAVINS, SANDRA M.**  
STREET ADDRESS  
**1007 GREEN HILL TRACE**  
CITY - ST - ZIP  
**TALLAHASSEE 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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

11. TITLE  
12. NAME  
13. STREET ADDRESS  
14. CITY - ST - ZIP

**32311**

21. TITLE ☐ Change ☒ Addition

22. NAME  
23. STREET ADDRESS  
24. CITY - ST - ZIP

**32311**

31. TITLE ☐ Change ☐ Addition

32. NAME  
33. STREET ADDRESS  
34. CITY - ST - ZIP

41. TITLE ☐ Change ☐ Addition

42. NAME  
43. STREET ADDRESS  
44. CITY - ST - ZIP

51. TITLE ☐ Change ☐ Addition

52. NAME  
53. STREET ADDRESS  
54. CITY - ST - ZIP

61. TITLE ☐ Change ☐ Addition

62. NAME  
63. STREET ADDRESS  
64. 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)(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:

*Sandra M. Gavins*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96

904-599-6180

904-8

DATE AND PHONE #

CR2E034 (12/95)