

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L58107 (8)**

1. Corporation Name

COUNTRY CHARM LOG HOMES BY HERITAGE, INC.



Principal Place of Business: **C/O LARRY C. TAMBURINO
1300 LENA LANE
SARASOTA FL 34240**

Mailing Address: **C/O LARRY C. TAMBURINO
1300 LENA LANE
SARASOTA FL 34240**

3. Date Incorporated or Qualified: **03/12/1990** 3a. Date of Last Report: **04/28/1995**

4. FEI Number: **65-0185877** 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: 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 25

2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TAMBURINO, LARRY C.
1300 LENA LANE
SARASOTA FL 34240**

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 (typed or printed name of registered agent and fee, if applicable)

(Part II) Registered Agent's signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

TITLE: DELETE NAME: **P TAMBURINO, LARRY, C**

STREET ADDRESS: **1300 LENA LANE**

CITY - ST - ZIP: **SARASOTA FL**

TITLE: DELETE NAME: **ST TAMBURINO, TERRY J**

STREET ADDRESS: **1300 LENA LANE**

CITY - ST - ZIP: **SARASOTA 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

11 TITLE: Change Addition

12 NAME: _____

13 STREET ADDRESS: _____

14 CITY - ST - ZIP: _____

21 TITLE: Change Addition

22 NAME: _____

23 STREET ADDRESS: _____

24 CITY - ST - ZIP: _____

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Larry C. Tamburino*

07/26/96

(941) 322-2224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARRY C. TAMBURINO

CR2E034 (3/96)