

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

APPROVED AND FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **L72972** (7)

1. Corporation Name
MCCANDLESS HOMES, INC.

Principal Place of Business: **21202 CLEAN BLVD UNIT C-4 PORT CHARLOTTE FL 33962 US**
Mailing Address: **21202 CLEAN BLVD UNIT C-4 PORT CHARLOTTE FL 33962 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/08/1990**
3a. Date of Last Report: **04/26/1994**

4. FEI Number: **65-0186399**
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**

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 21202 Clean Blvd.**
2a. Mailing Address: **2a 21202 Clean Blvd.**
22. Suite, Apt. #, etc.
23. City & State
24. Zip Country
25. Country
26. Suite, Apt. #, etc.
27. City & State
28. Zip Country
29. Country
30. Country

9. Name and Address of Current Registered Agent
**MCCANDLESS, DONALD R. J
21202 CLEAN BLVD
UNIT C-4
PORT CHARLOTTE FL 33962**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable): **21202 Clean Blvd.**
83.
84. City
85. Zip Code: **FL**

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: **Donald R. McCandless Jr.** DATE: **4-21-95**

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	MCCANDLESS, DONALD R.
STREET ADDRESS	21202 CLEAN BLVD UNIT C-4
CITY ST ZIP	PORT CHARLOTTE FL
TITLE	VPD
NAME	SPITERI, ALYCE M.
STREET ADDRESS	21202 CLEAN BLVD UNIT C-4
CITY ST ZIP	PORT CHARLOTTE FL
TITLE	P
NAME	MCCANDLESS, JR D
STREET ADDRESS	21202 CLEAN BLVD, UNIT C-4
CITY ST ZIP	PORT CHARLOTTE FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	21202 Clean Blvd. Unit C-4
14 CITY ST ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	21202 Clean Blvd. Unit C-4
24 CITY ST ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	21202 Clean Blvd. Unit C-4
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(b), Florida Statutes. I further certify that the information indicated on this 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 or changed, or on an attached sheet, with an address.

SIGNATURE: **[Signature]**
SIGNATURE AND TITLE OR PRINTED NAME OF CURRENT OR FORMER DIRECTOR

5/5/95