


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Sep 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #

1. Corporation Name

J. E. FUTCH CUSTOM HOMES, INC.

~~K30609~~

L89078

Principal Place of Business

Mailing Address

4212 Commercial Drive
Sebring, Florida 33870

4212 Commercial Drive
Sebring, Florida 33870

2. Principal Place of Business

21 4212 Commercial Drive

2a. Mailing Address

26 4212 Commercial Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Sebring, Florida

28 Sebring, Florida

Zip

Country

Zip

Country

24 33870

25 USA

29 33870

30 USA

9. Name and Address of Current Registered Agent

J. E. FUTCH
363 US Hwy 27 S
Sebring, Florida 33872

3. Date Incorporated or Qualified

08/08/88

3a. Date of Last Report

1996

4. FEI Number

59-2611068

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

81 Name

John D. Haviland

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

229 S. Commerce Avenue

83

84 City

Sebring

FL

85 Zip Code
33870

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 date if applicable

(NOTE: Registered Agent signature required when resigning.)

September 2, 1997

DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	President, Secretary	
NAME	J. E. Futch, aka Jeffrey E. Futch	
STREET ADDRESS	4212 Commercial Drive	
CITY-ST-ZIP	Sebring, Florida 33870	
TITLE	Vice Pres/Treasurer	<input type="checkbox"/> DELETE
NAME	Terri L. Futch	
STREET ADDRESS	4212 Commercial Drive	
CITY-ST-ZIP	Sebring, Florida 33870	
TITLE	Vice President	<input checked="" type="checkbox"/> DELETE
NAME	Greg Dickey	
STREET ADDRESS	363 US 27 S	
CITY-ST-ZIP	Sebring, Florida 33870	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	William C. McGirr, Jr.	
STREET ADDRESS	2167 W. Myakka Road	
CITY-ST-ZIP	Avon Park, Florida 33825	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
11 TITLE	J. E. FUTCH CUSTOM HOME, INC.	
12 NAME	HOME is being changed to HOMES	
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-582-2056

CP2E034 (9/96)