

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

FILED

Jan 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # L89208

(7)

1. Corporation Name

HOMES BY JOLICOEUR, INC.

Principal Place of Business

2010 NW 6TH ST.  
OKEECHOBEE FL 34972

Mailing Address

PO BOX 991  
OKEECHOBEE FL 34973-0991



3. Date Incorporated or Qualified

07/13/1990

3a. Date of Last Report

04/16/1996

4. FEI Number

65-0215236

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

9. Name and Address of Current Registered Agent

JOLICOEUR, GERARD  
2010 NW 6TH ST.  
OKEECHOBEE FL 34972

10. Name and Address of New Registered Agent

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 registered agent or person authorized to register on behalf of corporation (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD  
NAME JOLICOEUR, GERARD  
STREET ADDRESS 2010 NW 6TH STREET  
CITY-ST-ZIP OKEECHOBEE FL 34972

☐ DELETE

TITLE VPD  
NAME JOLICOEUR, NANCY  
STREET ADDRESS 2010 NW 6TH STREET  
CITY-ST-ZIP OKEECHOBEE FL 34972

☐ DELETE

TITLE S  
NAME NIX, HERB  
STREET ADDRESS 2010 NW 6TH STREET  
CITY-ST-ZIP OKEECHOBEE FL 34972

☐ DELETE

TITLE D  
NAME JOLICOEUR, GERARD  
STREET ADDRESS 2010 NW 6TH STREET  
CITY-ST-ZIP OKEECHOBEE FL 34972

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Jolicoeur Gerard ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 2044 SW 19 LN

1.4 CITY-ST-ZIP Okeechobee FL 34974

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 2044 SW 19 LN

2.4 CITY-ST-ZIP Okeechobee FL 34972

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 2044 SW 19 LN

3.4 CITY-ST-ZIP Okeechobee FL 34974

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS 2044 SW 19 LN

4.4 CITY-ST-ZIP Okeechobee FL 34974

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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, or on an attachment with an address.

SIGNATURE:

*Gerard Jolicoeur*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/97

DATE

Daytime Phone #

0474428

CR2E034 (9/96)