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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 **DOCUMENT #** 

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H & M CUSTOM HOMES, INC. Principal Place of Business Mailing Address 4410 NORTHEAST 26TH AVENUE 4410 NORTHEAST 26TH AVENUE LIGHTHOUSE POINT FL 33064 LIGHTHOUSE POINT FL 33064 3. Date Incorporated or Qualified 3a. Date of Last Report 05/19/1988 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEL Number Applied For 21 26 65-0055219 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 22 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes Yes No Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name MASSEY, EVAN, JR. 82 Street Address (P.O. Box Number is Not Acceptable) 3232 N.E. 28TH AVENUE LIGHTHOUSE POINT FL 33064 83 84 City 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, tyond or printed name of registered agent and title if applicable (NOTE\_Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS CR2E034 (12/95) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THE □ DELETE 1. 1 TITLE Change ☐ Addition HART, STEVEN NAME 1.2 NAME 4410 NE 26TH AVE. STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP LIGHTHOUSE POINT FL 1.4 CITY - \$1 - ZIP TITLE DVS DELETE 2.1 Table Addition ☐ Change MASSEY, EVAN, JR. NAME 2.2 NAME 4410 NE 26TH AVE. STREET ADDRESS 23 STREET ADDRESS LIGHTHOUSE POINT FL CITY-ST-2IP 24 CITY-ST-ZIP TITLE DELETE 3.1 TOLL ☐ Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 3.4 C/TY-ST-ZIP TITLE DELETE 4. 1 TITLE ☐ Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE. 5. 1 TITLE ☐ Change ■ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6 1 TITLE ☐ Change ☐ Add-tion NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 14. Ido 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 find a statutes of the corporation of the supplemental number report is true and accurate and that my signature shall have the same legal effect as if made under supplemental true and accurate and that my signature shall have the same legal effect as if made under supplemental true and accurate and that my signature shall have the same legal effect as if made under supplemental true and accurate and that my signature shall have the same legal effect as if made under supplemental true and accurate and that my signature shall have the same legal effect as if made under supplemental true and accurate and that my signature shall have the same legal effect as if made under supplemental true and accurate and that my signature shall have the same legal effect as if made under supplemental true and accurate and that my signature shall have the same legal effect as if made under supplemental true and accurate and that my signature shall have the same legal effect as if made under supplemental true and accurate and that my signature shall have the same legal effect as if made under supplemental true and accurate and that my signature shall have the same legal effect as if made under supplemental true and accurate and that my signature shall have the same legal effect as if made under supplemental true and accurate and that my signature shall have the same legal effect as if made under supplemental true and accurate and that my signature shall have the same legal effect as if made under supplemental true and accurate and that my signature shall have the same shall be supplemental true and accurate and that my signature shall be supplemental true and shall be sha 6.4 CITY - S1 - ZIP

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