

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M88472 (9)

1. Corporation Name

VEDDER HOMES, INC.



Principal Place of Business

Mailing Address

2 OFFICE PARK DRIVE
SUITE B
PALM COAST FL 32137-3832

2 OFFICE PARK DRIVE
SUITE B
PALM COAST FL 32137-3832

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30 32135 Flagler

2a. Mailing Address

26 P.O. Box 351130

27 Suite, Apt. #, etc.

28 Palm Coast, FL

29 30 32135 Flagler

3. Date Incorporated or Qualified

07/06/1988

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2898999

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

THELLMAN, FRED
2 OFFICE PARK DR
SUITE B
PALM COAST FL 32037

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
Thellman, Fred
1 Florida Park Drive Suite 115
Palm Coast FL 32137

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, typewritten or printed name of registered agent and not applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME THELLMAN, FRED
STREET ADDRESS 2 OFFICE PARK DRIVE, #B
CITY-ST-ZIP PALM COAST FL

TITLE VD
NAME WATCHER, JOHN ANTHONY
STREET ADDRESS 2 OFFICE PARK DRIVE, #B
CITY-ST-ZIP PALM COAST FL

TITLE VDS
NAME THELLMAN, JUDIE M.
STREET ADDRESS 2 OFFICE PARK DRIVE, #B
CITY-ST-ZIP PALM COAST FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PVST
1.2 NAME Thellman, Fred
1.3 STREET ADDRESS 1 Florida Park Drive Suite 115
1.4 CITY-ST-ZIP Palm Coast, FL 32137

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 May 96 904-445-6601
Daytime Phone #

CR2E034 (12/95)