

FILE NOW: FILING FEE IS \$61.25

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Mar 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000005135 (9)**

1. Corporation Name

**THIS HOUSE INC.**

Principal Place of Business

**504 SEMINOLE ST  
CLEARWATER FL 34615**

Mailing Address

**504 SEMINOLE ST  
CLEARWATER FL 34615-3861**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/16/1993</b>		3a. Date of Last Report <b>04/17/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-3235294</b>		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ADAMS, JUNE  
504 SEMINOLE ST  
CLEARWATER FL 34615**

10. Name and Address of New Registered Agent

81 Name **Stephen E. Kautz**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**233 3rd St. North**  
83  
84 City **Safety Harbor** FL 85 Zip Code **34695**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*Stephen Kautz*  
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

**(STEPHEN KAUTZ-EXECUTIVE DIRECTOR)**

**3/18/97**

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ADAMS, JUNE</b>	
STREET ADDRESS	<b>504 SEMINOLE ST</b>	
CITY - ST - ZIP	<b>CLEARWATER FL 34615</b>	
TITLE	<b>DVP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BAKER, GEORGE</b>	
STREET ADDRESS	<b>237 7TH AVE N</b>	
CITY - ST - ZIP	<b>ST PETERSBURG FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ADAMS, PAT</b>	
STREET ADDRESS	<b>3745 FORTY FIRST AVE. NORTH</b>	
CITY - ST - ZIP	<b>ST. PETE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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

1.1 TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Stephen E. Kautz</b>	
1.3 STREET ADDRESS	<b>233 3rd St. North</b>	
1.4 CITY - ST - ZIP	<b>Safety Harbor, fl. 34695</b>	
2.1 TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Pamela C. Kautz</b>	
2.3 STREET ADDRESS	<b>233 3rd St. N.</b>	
2.4 CITY - ST - ZIP	<b>Safety Harbor, fl. 34695</b>	
3.1 TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Myron J. Clayton</b>	
3.3 STREET ADDRESS	<b>324 3rd Ave. North</b>	
3.4 CITY - ST - ZIP	<b>Safety Harbor, fl. 34695</b>	
4.1 TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>E. Jean Clayton</b>	
4.3 STREET ADDRESS	<b>324 3rd Ave. N.</b>	
4.4 CITY - ST - ZIP	<b>Safety Harbor, fl. 34695</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Stephen Kautz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DIRECTOR**

**(STEPHEN KAUTZ)**

Date

**3/18/97**

Daytime Phone # **(813) 443-6435**

0086744

CR2E037 (9/96)