SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $378)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 28 AM 9:17

DOCUMENT # **P93000000095 (8)**

1. Corporation Name
ENCHANTED HOMES, INC.

Principal Place of Business	Mailing Address
1059 N.E. PINE ISLAND ROAD #7 CAPE CORAL FL 33909 US	11915 KING JAMES COURT CAPE CORAL FL 33991

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/31/1992
3a. Date of Last Report: 01/21/1994

2. Principal Place of Business	2a. Mailing Address
21 615 Cape Coral PKWY	26 615 Cape Coral PKWY
Suite, Apt. #, etc. 22 #101	Suite, Apt. #, etc. 27 #101
City & State 23 Cape Coral, FL	City & State 28 Cape Coral, FL
Zip / County 24 33914 / 25 USA	Zip / County 29 33914 / 30 USA

4. FEI Number: 65-0382730 ☐ 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

SISSON, LOUIS F III
SISSON & ANDERSON, P.A.
6225 PRESIDENTIAL COURT, STE. A
FORT MYERS FL 33919

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 _____ (NOTE: Registered Agent signature required when applicable) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	FRAZIER, CHARLES B	12 NAME		
STREET ADDRESS	11915 KING JAMES COURT	13 STREET ADDRESS		
CITY ST ZIP	CAPE CORAL FL 33991	14 CITY ST ZIP		
TITLE	T	21 TITLE		☐ Change ☐ Addition
NAME	FRAZIER, RANAE G	22 NAME		
STREET ADDRESS	11915 KING JAMES COURT	23 STREET ADDRESS		
CITY ST ZIP	CAPE CORAL FL 33991	24 CITY ST ZIP		
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	GILLESPIE, TOM	32 NAME		
STREET ADDRESS	3025 NE JUANITA PLACE	33 STREET ADDRESS		
CITY ST ZIP	CAPE CORAL FL	34 CITY ST ZIP		
TITLE	S	41 TITLE		☐ Change ☐ Addition
NAME	GILLESPIE, PEGGY	42 NAME		
STREET ADDRESS	3025 NE JUANITA PLACE	43 STREET ADDRESS		
CITY ST ZIP	CAPE CORAL FL	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

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)(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 the 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: Charles B Frazier CHARLES B. FRAZIER 6/22/95 (941)549-0990
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OFFICER OR DIRECTOR — Date — Daytime Phone #

0100400 CP