

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 26 PM 4:04

DOCUMENT # P93000016821 (9)

1. Corporation Name

RESPECT HOME BUILDERS, INC.

Principal Place of Business

2333 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

Mailing Address

2333 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/04/1993

3a. Date of Last Report

07/26/1994

4. FEI Number

65-0396829

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

LODIN, SCOTT
% HUGHES HUBBARD & REED
801 BRICKELL AVE., SUITE 1100
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

KENT A. WINDHORST

82 Street Address (P.O. Box Number is Not Acceptable)

2333 PONCE DE LEON BOULEVARD

83

PH1100

84 City

CORAL GABLES

FL

85 Zip Code

33134

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 607.0503, Florida Statutes.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

KENT A. WINDHORST V.P.

DATE

1/18/95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	WEAVER, DAVID R
STREET ADDRESS	2333 PONCE DE LEON BLVD.
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	D
NAME	WEAVER, DOROTHY C
STREET ADDRESS	2333 PONCE DE LEON BLVD.
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	D
NAME	WINDHORST, KENT A
STREET ADDRESS	2333 PONCE DE LEON BLVD.
CITY-ST-ZIP	CORAL GABLES FL 33134
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	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 as changed, or on an attachment, in an addition.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/95 (305) 442-8900
Lynette L. Lewis