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Apr 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000038252 (1)

1. Corporation Name

AT HOME CONSTRUCTION, INC.



Principal Place of Business

172 BAY TREE DRIVE
DESTIN FL 32541

Mailing Address

172 BAY TREE DRIVE
DESTIN FL 32541-4881

3. Date Incorporated or Qualified

05/27/1993

3a. Date of Last Report

01/25/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3186477

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

LANZEN, ROBERT E
172 BAY TREE DR
DESTIN FL 32541

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

(Signature typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> DELETE
PD	LANZEN, ROBERT E	172 BAY TREE DR	DESTIN FL	
D	LANZEN, LINDA L	172 BAY TREE DR	DESTIN FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY- ST- ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or is changed, or on an attachment with an address.

SIGNATURE:

Robert E. Lanzen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-97

Date

904-854-1092

Daytime Phone #

CR2E034 (9/96)