

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000063755 (1)

1. Corporation Name

FLORIDA DISCOUNT HOMES, INC.



Principal Place of Business

11234 PARK BLVD.
201
SEMINOLE FL 34642

Mailing Address

11234 PARK BLVD.
201
SEMINOLE FL 34642

3. Date Incorporated or Qualified
09/07/1993

3a. Date of Last Report
04/11/1995

2. Principal Place of Business

21 1125 Park Blvd

2a. Mailing Address

26 1125 Park Blvd.

4. FEI Number
59-3237951

Applied For
Not Applicable

Suite, Apt. #, etc.

22 #104-201

Suite, Apt. #, etc.

27 #104-201

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

23 Seminole, FL

City & State

28 Seminole, FL 34642

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

24 34642

Country

25 PI

Zip

29 34642

Country

30 PI

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOSCO, JOHN R
403 84TH AVE.
ST. PETERSBURG BEACH FL 33706

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVST ☐ DELETE
NAME BOSCO, THOMAS A
STREET ADDRESS 11234 PARK BLVD., # 201
CITY-ST-ZIP SEMINOLE FL 34642

TITLE D ☐ DELETE
NAME BOSCO, THOMAS A
STREET ADDRESS 11234 PARK BLVD., # 201
CITY-ST-ZIP SEMINOLE FL 34642

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PVST ☒ Change ☐ Addition
1.2 NAME BOSCO, Thomas A.
1.3 STREET ADDRESS 1125 Park Blvd #104-201
1.4 CITY-ST-ZIP Seminole, FL 34642

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME BOSCO, Thomas A.
2.3 STREET ADDRESS 1125 Park Blvd #104-201
2.4 CITY-ST-ZIP Seminole, FL 34642

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 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

Date

Daytime Phone #

4/11/96 429-0240

CR2E034 (12/95)