

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 30 1996 8:00 am
Secretary of State

DOCUMENT # P93000065702 (1)

1. Corporation Name

ST. CLAIR CUSTOM HOMES INC.



Principal Place of Business

2670 S. MCCALL RD.
STE. 2
ENGLEWOOD FL 34224
US

Mailing Address

2670 S. MCCALL RD.
STE. 2 BOX 3
ENGLEWOOD FL 34224
US

3. Date Incorporated or Qualified
09/16/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 2441 Vance Ter
Suite, Apt. #, etc.

2a. Mailing Address

26 2441 Vance Ter
Suite, Apt. #, etc.

4. FEI Number

65-0438225

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

City & State

23 Port Charlotte FL

City & State

27 Port Charlotte FL

Zip

24 33981

Country

25 USA

Zip

29 33981

Country

30 USA

9. Name and Address of Current Registered Agent

SINCLAIR, RICHARD B
2441 VANCE TERRACE
PORT CHARLOTTE FL 33981

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

Nancy Barrow
Signature typed or printed name of registered agent and title in the office

[Signature]
(NOTE: Registered Agent signature required when reinstating)

DATE
4/23/96

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME SINCLAIR, RICHARD B
STREET ADDRESS 2441 VANCE TERRACE
CITY-STATE-ZIP PORT CHARLOTTE FL 33981

TITLE V ☐ DELETE

NAME BARROW, NANCY M
STREET ADDRESS 2441 VANCE TERRACE
CITY-STATE-ZIP PORT CHARLOTTE FL 33981

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-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-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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:

Nancy Barrow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96 941 473 9167
Date Daytime Phone #

CR2E034 (12/95)