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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000005581 (1)**

1. Corporation Name

CAMELOT HOMES, INC.



Principal Place of Business

**13600 CHERRY TREE CT
FT MYERS FL**

Mailing Address

**13600 CHERRY TREE CT
FT MYERS FL**

3. Date Incorporated or Qualified

01/14/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **8695 College Pkwy.**

26 Suite, Apt. #, etc.

22 **# 313**

27 City & State

23 **Ft. Myers, FL**

28 Zip

24 **33919**

Country

29

Country

30

9. Name and Address of Current Registered Agent

**PUDER, RONALD B
13600 CHERRY TREE CT
FT MYERS FL**

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 607.0605, Florida Statutes.

SIGNATURE

Signature typed in block 12 or block 13 if applicable to the above agent.

Signature typed in block 12 or block 13 if applicable to the above agent.

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

12.1 NAME
**DPST
PUDER, RONALD B**
12.2 STREET ADDRESS
13600 CHERRY TREE CT
12.3 CITY, ST, ZIP
FT MYERS FL

☐ DELETE

12.4 NAME

12.5 STREET ADDRESS

12.6 CITY, ST, ZIP

12.7 NAME

12.8 STREET ADDRESS

12.9 CITY, ST, ZIP

12.10 NAME

12.11 STREET ADDRESS

12.12 CITY, ST, ZIP

12.13 NAME

12.14 STREET ADDRESS

12.15 CITY, ST, ZIP

12.16 NAME

12.17 STREET ADDRESS

12.18 CITY, ST, ZIP

12.19 NAME

12.20 STREET ADDRESS

12.21 CITY, ST, ZIP

12.22 NAME

12.23 STREET ADDRESS

12.24 CITY, ST, ZIP

12.25 NAME

12.26 STREET ADDRESS

12.27 CITY, ST, ZIP

12.28 NAME

12.29 STREET ADDRESS

12.30 CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST, ZIP

13.5 TITLE

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY, ST, ZIP

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY, ST, ZIP

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY, ST, ZIP

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY, ST, ZIP

13.21 TITLE

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY, ST, ZIP

13.25 TITLE

13.26 NAME

13.27 STREET ADDRESS

13.28 CITY, ST, ZIP

13.29 TITLE

13.30 NAME

13.31 STREET ADDRESS

13.32 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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/96 **841-454-1211**
DATE TELEPHONE

CR2E034 (12/95)