

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

CORPORATION  
ANNUAL REPORT  
**1995**



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

**APPROVED  
AND  
FILED**

95 MAR 14 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000015258 (4)**

1. Corporation Name

**CARROLL CUSTOM HOMES OF FLORIDA, INC.**

Principal Place of Business

6332 MARINER BLVD.  
SPRING HILL FL 34609

Mailing Address

6332 MARINER BLVD.  
SPRING HILL FL 34609

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**02/17/1994**

3a. Date of Last Report

4. FEI Number  
**59-3226804**

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  Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 **13157 Lola Drive**

Suite, Apt. #, etc.

27 City & State

28 **Spring Hill FL**

29 Zip

**34609**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**CARROLL, THOMAS E  
6332 MARINER BLVD.  
SPRING HILL FL 34609**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**Spring Hill**

**FL**

85 Zip Code

**34609**

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 installing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**  
NAME **CARROLL, THOMAS E**  
STREET ADDRESS **6332 MARINER BLVD.**  
CITY-ST-ZIP **SPRING HILL FL 34609**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D/P/S/T**  Change  Addition

1.2 NAME

1.3 STREET ADDRESS **13157 Lola Drive**

1.4 CITY-ST-ZIP **Spring Hill FL 34609**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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 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 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:

*Thomas E. Carroll*

**Thomas E. Carroll**

**x 3/8/95 x 904-688-9440**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Florida 1995