FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 26 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000017368 (9)**

1. Corporation Name
FLAGLER SHOWCASE HOME, INC.

Principal Place of Business	Mailing Address
4996 PALM COAST PARKWAY SUITE 6 PALM COAST FL 32137	4996 PALM COAST PARKWAY SUITE 6 PALM COAST FL 32137

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/04/1994
3a. Date of Last Report:

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-3234338 ☐ 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

TRAUSNECK, PAMELA
4996 PALM COAST PARKWAY
SUITE 6
PALM COAST FL 32137

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	TRAUSNECK, PAMELA	12 NAME	
STREET ADDRESS	4996 PALM COAST PARKWAY, STE 6	13 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL 32137	14 CITY-ST-ZIP	
TITLE		21 TITLE	D ☐ Change XX Addition
NAME		22 NAME	WALDHAUER, ROY
STREET ADDRESS		23 STREET ADDRESS	4996 Palm Coast Pkwy, NW - #7
CITY-ST-ZIP		24 CITY-ST-ZIP	Palm Coast, FL 32137
TITLE		31 TITLE	D ☐ Change XX Addition
NAME		32 NAME	Revels, Barbara
STREET ADDRESS		33 STREET ADDRESS	Post Office Box 434
CITY-ST-ZIP		34 CITY-ST-ZIP	Flagler Beach, FL 32136
TITLE		41 TITLE	D ☐ Change XX Addition
NAME		42 NAME	Mullen, Michael
STREET ADDRESS		43 STREET ADDRESS	1 Enterprise Drive
CITY-ST-ZIP		44 CITY-ST-ZIP	Bunnell, FL 32110
TITLE		51 TITLE	D ☐ Change XX Addition
NAME		52 NAME	Severino, Budd
STREET ADDRESS		53 STREET ADDRESS	1360 North Nova Road
CITY-ST-ZIP		54 CITY-ST-ZIP	Daytona Beach, FL 32117
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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 if changed, or on an attachment with an address.

SIGNATURE: Pamela Trausneck — Director — 04/21/95 — 904/445-9399
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0018483 CP