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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P94000042928 (9) **DOCUMENT #**

HOFMEISTER HOMES, INC.

Principal Place of Business

Mailing Address



	WY 441 SUITE 30 RA FL 32757	PO BOX 778 Eustis Fl								
						3. Date Incorporated or Qualified 06/03/1994	3a. Date	of Last R 2/14/1		
2. Principal Plac	ce of Business	2a. Mailing Addres	SS			4. FEI Number	····		Applied For	
21		26				59-3248977			Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, 6	Suite, Apt. #, etc.			5, Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State 28	_			6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees			
Zιρ	Country	Zip	Country			8. This corporation has liability for intangible tax under s 199.032,				
24	25	29 321人	. [30]			Florida Statutes X Yes				
	g. Name and Address of Curren	t Registered Agent		1041		10. Name and Address of New R	egistered A	gent		
				81	Name					
HOFMEISTER, CARLA D					82 Street Address (P.O. Box Number is Not Acceptable)					
	US HWY 441 SUITE 30									
MOUN	T DORA FL 32757			83						
				84	City		FL	85 Z	p Code	
11 Durayant to	the provisions of Sections 607 0503	and 607 1508 Florida	Statutes the eh	/\/\/\/\/\	med corpor	ation submits this statement for the pur		raina its	registered office	
or registere	d agent, or both, in the State of Floring, and accept the obligations of, Sect	da. Such change was a	uthorized by the	corpor	ation's boar	d of directors. I hereby accept the appoint	ointment as r	egistered	I agent. I am	
SIGNATURE										
	ignature, typed or printed name of registered agent OFFICERS AN				ignature revjuired	when reinstating: ADDITIONS/CHANGES TO OFF	DATE OF AND	DIDECT	DDC IN 10	
12.	D OFFICERS AN	D DIRECTORS DELET	13 F 1.1	TITLE		ADDITIONS/CHANGES TO OFF		Change	Addition	
	HOFMEISTER, TOM L	المارين المارين		NAME	ļ		ĮC.	, onengo		
NAME STOSET ABBRESS	PO BOX 778 N/A				nnoree				'	
STREET ADDRESS	EUSTIS FL 32726		1.3 STREET ADDRESS			3	772	7		
CHTY-ST-ZIP TITLE	D DELETE			14 CHY-ST-ZIP 2 1 TITLE				<u> 272</u> Change	Addition	
NAME	HOFMEISTER, CARLA D			NAME			A _c			
STREET ADDRESS	PO BOX 778 N/A			2 3 STREET ADDRESS						
	EUSTIS FL 32726		24 CITY-ST-ZIP			32727			27	
CITY-ST-ZIP TITLE	D DELETE			3. 1 TITLE					Addition	
NAME	HOFMEISTER, JOHN C.			NAME				-	_	
STREET ADDRESS	PO BOX 778 N/A			3.3 STREET ADDRESS						
CITY-S1-7IP	EUSTIS FL			34 CITY - ST - ZIP				327	27	
TITLE		DELET		TITLE			C	Change	☐ Addition	
NAME		•	4.2	NAME						
STREET ADDRESS			4.3	STREET AI	DDRESS				,	
CITY-ST-ZIP				- CI1Y-ST-	1					
TITLE		DELE.		TITLE) Change	Addition	
NAME			5.2	NAME						
STREET ADDRESS			5.3	STREET AL	DDRESS					
CITY - ST - ZIP			5.4	CITY-ST-	ZIP					
TITLE		DELE.		TITLE	1 1] Change	Addition	
NAME			62	NAME					1	
STREET ADDRESS			63	STREET A	ODRESS				1	
CITY - ST - ZIP				CITY-ST-						
	certify that the information supplied	with this filing is volunta				or the exemption stated in Section 119	.07(3)(k), Flor	ida Statu	ites. 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.

4-17-96 (352)383-5600