## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000055568** (7)

FINE HOMES BY DESIGN, INC.

Principal Place of Business Mailing Address

3415 WEST LEONA 3415 WEST LEONA TANDA EL 2020 7

## FILED Feb 19 1997 8:00am Secretary of State



TAMPA FL 336	TAMPA FL 33629-7809							
					3. Date incorporated or Qualified 07/25/1994	3a. Date of Last Report 03/12/1996		
	lace of Business	26. Mailing Address		4. FEI Number		Applied For		
21 380	2 GONN HWY	26 SAME			65-0515119		1	lot Applicable
Suite, Apt	#, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired			Additional Required
City & Stat		City & State			Election Campaign Financing     Trust Fund Contribution	П		D May Be I to Fees
20 Zip 2531	Country	Zip	Country		8. This corporation has liability for it	_=	tax under	··
V -	9. Name and Address of Curre				10. Name and Address of New Re-	gistered /	igent	
JOH	NSON, LEONARD H		81	Name				
3783	37 MERIDIAN AVENUE		82	Street Add	dress (P.O. Box Number is Not Acceptab	le)		
SUN	E 314			000				
DAD	E CITY FL 33525		83					
			84	City		FL	<b>85</b> Zip	Code
office or i	10 the provisions of Sections 607, registered agent, or both, in the Statum familiar with, and accept the obligation of the section of the se	e of Florida. Such change was au gations of, Section 607.0505, Flor	uthorized b rida Statute	y the corpora s.	rporation submits this statement for the p ation's board of directors. I hereby accep	of the appo	ointment a	s registered
12.		ND DIRECTORS	13.	eut aiðusrnis usdr	ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTO	PS IN 12
TITLE	D	DELETE	1.1 TITLE				Change	
NAME	GRITTON, ROGER P		1.2 NAME					
STREET ADDRESS	3415 WEST LEONA		1.3 STREET	ADDRESS				
CITY - S1 - ZIP	TAMPA FL 33629		1.4 CITY - 1	ST - ZIP				
TITLE	SECRETARY/TREASUR PATRICIA A. EDW 3415 WEST LEON	DELETE	2.1 TITLE				Change	Addition
NAME	PATRICIA A. EDW	Kros	2.2 NAME					
STREET ADDRESS	3415 WEST LEON	A j	2.3 STREE	ADDRESS				
CHY-ST-ZIP	TAMPA FL. 33	629	2. 4 CITY-	ST-ZIP				
TITLE		☐ DELETE	3.4 TITLE	, l			Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE					
CITY - \$1 - ZIP TITLE		DELETE	3.4. CITY - 4.1 TITLE	ST-ZIP			Change	Addition
NAME		back	4.2 NAME	ļ			i cuango	
				1				
STREET ADDRESS CITY-ST-7/9			4.3 STREE	ADDRESS				
TITLE		☐ DELETE	5.1 TITLE	ااع-در	· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME		_	5.2 NAME				•	
STREET ADDRESS			5.3 STREE	ADDRESS			-	
CITY-ST-ZIP			5.4 CiTY-	-				
TITLE		DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	ADDRESS				
CITY-ST-ZIP			6.4 CITY-:	51 - ZIP				

14. I do hereby certify that the information supplied with this filing 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/27

913-960-9361