

DEFERRED NOTICE: CORPORATION WILL BE DISSOLVED SIX (6) MONTHS AFTER AUGUST 1, 1994. AMOUNT DUE ON OR BEFORE 8/1/94: \$725 (IF ORIGINAL FEE); UNPAID AMOUNT DUE TO SUBMITTER: \$0.00.

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

DOCUMENT # P94000064447 (3)

95 JUL 28 PM 1:19

1. Corporation Name

ESQUIRE COUNTRY HOMES, INC.

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
109 E. GARDEN ST. 109 E. GARDEN ST.
SUITE D SUITE D
PENSACOLA FL 32501 PENSACOLA FL 32501

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
08/29/1994

2. Principal Place of Business 2a. Mailing Address
21 318 BEVERLY PARKWAY 26
Suits, Apt #, etc Suite, Apt #, etc
22
23 PENSACOLA, FL 25
City & State City & State
24 32505 25 USA 29
Zip Country Zip Country

4. FEI Number Applied For
59-3264123 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
MUSGROVE, J W
109 E. GARDEN ST.
SUITE D
PENSACOLA FL 32501

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. (8231) Registered Agent signature required when retreating.

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	MUSGROVE, J W
STREET ADDRESS	109 E. GARDEN ST., SUITE D
CITY, ST, ZIP	PENSACOLA FL 32501
TITLE	D
NAME	CAREY, ALBERT D JR
STREET ADDRESS	7880 LANCELOT DR.
CITY, ST, ZIP	PENSACOLA FL 32514
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	KEA, William A.
33 STREET ADDRESS	318 BEVERLY PARKWAY
34 CITY, ST, ZIP	PENSACOLA, FL 32505
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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(1)(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: *Albert D. Carey, Jr.* ALBERT D. CAREY, JR. July 19, 1995 (904)434-3311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)