

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000078248 (9)**

1. Corporation Name

LIFETIME HOMES OF AMERICA, INC.



Principal Place of Business

**2916 BLAIRCLIFF ROAD
PANAMA CITY FL 32405**

Mailing Address

**2916 BLAIRCLIFF ROAD
PANAMA CITY FL 32405**

3. Date Incorporated or Qualified
10/24/1994

3a. Date of Last Report
11/27/1995

4. FEI Number

59-3272894

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

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

10. Name and Address of New Registered Agent

**CARR, ROBERT
527 OLD HICKORY STREET
CALLAWAY FL 32404-8249**

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 607.1506, 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, if applicable, and date of registration

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **SMITH, JAMES E**
STREET ADDRESS **2916 BRIARCLIFF RD.**
CITY - ST - ZIP **PANAMA CITY FL 32405**

TITLE **S** ☐ DELETE
NAME **CARR, ROBERT**
STREET ADDRESS **527 OLD HICKORY**
CITY - ST - ZIP **PANAMA CITY FL 32404**

TITLE **D** ☐ DELETE
NAME **GUTHRIE, ALAN**
STREET ADDRESS **129 BAYOU DR.**
CITY - ST - ZIP **PANAMA CITY FL 32401**

TITLE **D** ☐ DELETE
NAME **DUNNING, CARLTON A**
STREET ADDRESS **1303 7TH ST.**
CITY - ST - ZIP **SOUTHPORT FL 32409**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
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(3)(k), 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

29 April 96 (904) 872-8127
Date Date of Filing

CR2E034 (12/95)