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PROFIT CORPORATION ANNUAL REPORT



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

1996

P94000085732 (3)

DOCUMENT # 1. Corporation Name	P94000085732	(3

BLENWOOD CUSTOM HOMES, INC. Principal Place of Business Mailing Address 13302 LAURELWOOD COURT 13302 LAURELWOOD COURT HUDSON FL 34667 HUDSON FL 34667 3a. Date of Last Report 3. Date Incorporated or Qualified 11/21/1994 04/21/1995 4. FEI Number 2. Principal Place of Business 2a. Malling Address Applied For 59-3282171 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box 23 28 Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s 199.032, Ζip Zip Country 🔀 Yes 🔲 No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MARLOWE, RUSSELL G Street Address (P.O. Box Number is Not Acceptable) 82 8514 STATE ROAD 54 **NEW PORT RICHEY FL 34653** 83 84 City 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 Signature, typed or printed name of registered agent and till Lappicable. (NOTE: Registered Agent signature required when reinstating) (12/95)OFFICERS AND DIFFECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Change Addition TITLE 1. 1 THILE LAVADINIHO, M.B. CR2E034 NAME 1.2 NAME 13304 LAURELWOOD COURT STREET ADDRESS 1.3 STREET ADDRESS **HUDSON FL 34667** CITY-ST-ZIP 1.4 C(TY-ST-Z)P DVST DELETE Addition Change TITLE 2 1 TITLE QUALTIERE, ANTHONY 2.2 NAME NAME 13302 LAURELWOOD COURT STREET ADDRESS 2.3 STREET ADDRESS HUDSON FL 34667 CITY-ST-ZIP 24 CHTY - ST - ZIP DELFTE TITLE 3 1 TITLE Change Addition STREET ADDRESS 3.3. STREET ADDRESS CITY-ST-ZIP 3.4 CITY - ST - ZIP Addition DELETE 4. 1 TITLE ☐ Change NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change TITLE 5. 1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-7/P 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6 1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

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 of on an attachment with an address. MANUEL B. LAVAdiniho 4/30/96 813868-3009

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