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

Mailing Address

13302 LAURELWOOD COURT HUDSON FL 34867-7129

**PROFIT** CORPORATION ANNUAL REPORT

1997

Principal Place of Business 13302 LAURELWOOD COURT

HUDSON FL 34667

CITY - ST - 7IP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000085732 (3)

BLENWOOD CUSTOM HOMES, INC.

3a. Date of Last Report 3. Date Incorporated or Qualified 11/21/1994 05/01/1996 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-328217 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 28 Trust Fund Contribution 23 Country Zip Country 8. This corporation has liability for lptangible tax under s. 199.032,  $Z_{\rm ID}$ Yes 🗌 No 30 Florida Statutes 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name MARLOWE, RUSSELL G 8514 STATE ROAD 54 Street Address (P.O. Box Number is Not Acceptable) **NEW PORT RICHEY FL 34653** 83 Zip Code City 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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent e-gnature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ Change Addition DELETE 1.1 TITLE TITLE LAVADINIHO, M.B. NAMI 1.2 NAME 13304 LAURELWOOD COURT 1.3 STREET ADDRESS STREET ADDRESS HUDSON FL 34667 1.4 CITY-ST-ZIP CITY - ST - ZIP Change Addition X. DELETE DVST 2.1 TITLE DIE QUALTIERE, ANTHONY-22 NAME 19302 LAURELWOOD COURT 2.3 STREET ADDRESS STREET ADDRESS **HUDSON FL: 34887** 2. 4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY: ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAMÉ 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-DP DELETE Channe Addition 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS \$1HEET ADDRESS 54 CITY+ST-ZIP CITY-ST-ZIP DELETE Change Addition 61 TITLE THLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS

6.4 CITY-ST-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 axia hment with an address.

**FILED** May 08 1997 8:00am Secretary of State

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