

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000092685 (4)

1. Corporation Name

AFFORDABLE FAMILY HOMES INCORPORATED

Principal Place of Business

200 WOODETTE DR.
APARTMENT 401
DUNEDIN FL 34698

Mailing Address

200 WOODETTE DR.
APARTMENT 401
DUNEDIN FL 34698



3. Date Incorporated or Qualified
12/23/1994

3a. Date of Last Report
05/01/1995

4. FEI Number
59-3286140

Applied For
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

2. Principal Place of Business

2a. Mailing Address

21 12700 FRANK DR N.

26 12700 FRANK DR N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 SEMINOLE FL

28 SEMINOLE FL

24 34646 25 USA

29 34646 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TROYAN, GARY
200 WOODETTE DRIVE, APT. 401
DUNEDIN FL 34698

81 Name PATRICK M. O'CONNOR

82 Street Address (P.O. Box Number is Not Acceptable)
18167 US 19 N SUITE 150

83

84 City CLEARWATER

FL

85 Zip Code 34624

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 607.0506, Florida Statutes.

SIGNATURE

[Signature]

(If the Registered Agent is not required when registering)

5/14/96

12. OFFICERS AND DIRECTORS

1. TITLE ☒ DELETE

NAME TROYAN, GARY R
STREET ADDRESS 200 WOODETTE DR., #401
CITY-STATE-ZIP DUNEDIN-FL 34698

2. TITLE ☐ DELETE

NAME MCCALL, TONY
STREET ADDRESS 835 CLEARWATER-LARGO RD.
CITY-STATE-ZIP LARGO FL 34640

3. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

4. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

5. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

6. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE William HESS Pres/Dir ☒ Change ☐ Addition

1.2 NAME 12700 FRANK DR. N. MM
1.3 STREET ADDRESS SEMINOLE FL 34646
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/96

8135932100

CR2E034 (12/95)