

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000004335 (2)

1. Corporation Name
SPINNAKER HOMES, INC.

Principal Place of Business

281 NAYLOR STREET N.E.
PALM BAY FL 32907

Mailing Address

281 NAYLOR STREET N.E.
PALM BAY FL 32907-1508

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

21 1301 W. EAU GALIE BLVD

Suite, Apt., etc.

22 Suite 98

City & State

23 Melbourne, FL

Zip

24 32935

Country

25 USA

2a. Mailing Address

26 1301 W. EAU GALIE BLVD

Suite, Apt., etc.

27 Suite 98

City & State

28 Melbourne, FL

Zip

29 32935

Country

30 USA

9. Name and Address of Current Registered Agent

MCWILLIAMS, MICHAEL E
281 NAYLOR STREET N.E.
PALM BAY FL 32907

3. Date Incorporated or Qualified
01/17/1995

3a. Date of Last Report
07/15/1996

4. FEI Number

59-3294890

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

10. Name and Address of New Registered Agent

81 Name

82 Michael E. McWilliams

83 Street Address (P.O. Box Number is Not Acceptable)

84 1301 W. EAU GALIE BLVD

85 Suite 98

City

Melbourne

FL

86 Zip Code

32935

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

8/8/97

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
PST
MCWILLIAMS, MIKE
STREET ADDRESS
281 NAYLOR STREET N.E.
CITY-ST-ZIP
PALM BAY FL 32907

TITLE ☐ DELETE

NAME
VP
MCWILLIAMS, ELLEN
STREET ADDRESS
281 NAYLOR STREET N.E.
CITY-ST-ZIP
PALM BAY FL 32907

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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08/14/97 01035-009

*****558.00 *****558.00

☐ Change ☐ Addition

☐ Change ☐ Addition

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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 as an attachment with an address.

SIGNATURE:

SIGNATURE

8/14/97 11:03:25

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