

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 # P95000008615 (3)

1. Corporation Name

AVALON CUSTOM HOMES, INC.

Principal Place of Business

4990 FALCON BOULEVARD
COCOA FL 32927

Mailing Address

4990 FALCON BOULEVARD
COCOA FL 32927



3. Date Incorporated or Qualified

01/27/1995

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21 8660 ASTRONAUT BLVD

26 8660 ASTRONAUT BLVD

4. FEI Number

59-3287929

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 2

27 SUITE 2

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23 CAPE CANAVERAL FL

28 CAPE CANAVERAL FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 32920

25 BREJARD

29 32920

30 BREJARD

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

PETERS, MARK S ESQ.
96 WILLARD STREET
SUITE 302
COCOA FL 32922

81 Name

BERGER, ARTHUR W. JR.

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

~~XXXXXXXXXXXXXXXXXXXX~~ 8660 Astronaut Blvd.,

83

Suite 2

84 City

CAPE CANAVERAL

FL

85 Zip Code

32920

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

Arthur W. Berger, Jr., President 4-16-96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME BERGER, ARTHUR W JR.
STREET ADDRESS 4990 FALCON BOULEVARD
CITY-ST-ZIP COCOA FL 32927

1.1 TITLE

☒ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

8660 Astronaut Blvd., Suite 2
Cape Canaveral, FL 32920

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

V ☐ Change ☒ Addition

Jovan J. Barzelatto

8660 Astronaut Blvd., Suite 2
Cape Canaveral, FL 32920

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TS ☐ Change ☒ Addition

Pamela A. Parker

8660 Astronaut Blvd., Suite 2
Cape Canaveral, FL 32920

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Arthur W. Berger, Jr., President 4-16-96 (407)868-5040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)