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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

Block 12 or Block 13 if changed, or on an attachment with an address



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000008615 (3)

AVALON CUSTOM HOMES, INC.

Mailing Address Principal Place of Business 8860 ASTRONAUT BLVD 8660 ASTRONAUT BLVD STE 206 DO NOT WRITE IN THIS SPACE **CAPE CANAVERAL FL 32920** CAPE CANAVERAL FL 32920 3. Date incorporated or Qualified <u>01/27/1995</u> 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3287929 Not Applicable 26 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 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible ☐ No X Yes Personal Property Tax due June 30. 24 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BERGER, ARTHUR W. JR. 8660 ASTRONAUT BLVD Street Address (P.O. Box Number is Not Acceptable) **STE 206** В3 CAPE CANAVERAL FL 32920 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 title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition DELETE X Change D 1.1 TITLE TITLE BERGER, ARTHUR W JR. NAME Berger, arthur w Jr. 1.2 NAME 8660 ASTRONAUT BLVD STE 206 8660 ATRONAUT BLVD STE 206 STREET ADDRESS 1.3 STREET ADDRESS 32920 CAPECANAVERAL FL CAPE CANAVERAL FLCITY-ST-ZIP 1.4 CITY - ST - ZIP X Change Addition DELETE 2.1 TITLE TITLE JOVAN J. BARZELATTO Jovan J. Barzelatto NAME 2.2 NAME **STE 206** 8660 ASTRONAUT BLVD STE 206 2.3 STREET ADDRESS 8660 ASTRONAUT BLVD STREET ADDRESS CAPE CANABERAL FL 2. 4 CITY - S1 - ZIP CAPE CANAVERAL CITY-ST-ZIP Addition DELETE 3.1 TITLE Change NAME Pamela A. Parker 3.2 NAME 8660 ASTRONAUT BLVD STE 206 3.3 STREET ADDRESS STREET ADDRESS CAPE CANAVERAL FL 3.4 CITY-ST-ZIP CITY-ST-ZIP Change ... Addition DELETE TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - \$1 - 7IP

14. I hereby certify that the information supplied with this filing does not qualify for the examption 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 truetoe empowered to report as required by Chapter 607, Florida Statutes; and that my name appears in

FILED
May 12 1998 8:00am
Secretary of State

