CORP ANNU	ROFIT PORATION AL REPORT 996		IDA DE PARTMEN Sandra B. Morti Secretary of St /ISION OF CORPC	nam ate			
DOCUN 1. Corporation I DIPLON	NATHE NT # P950 NAT HOME BUILDERS, I	0001625 NC.	68 (2)				
Principal Place o	of Business	Mailing Addre	SS		 I (INULENT)   U U U U U U U U U U U U U U U U U U	<b>Banna Banna an</b> an	OUH OKIDE IUHH IUUH
7440 U.S. HIG New Port R	94WAY 19 HCHEY FL 34652		HIGHWAY 19 RICHEY FL 34652		3. Date Incorporated or Qualified 02/27/1995	3a. Date of Last F	Report
2. Principal Plac	ce of Business	28. Mailing Ac	ldress		4. FEI Number 59-3296024	·····	Applied For Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt	. #, etc.		5. Certificate of Status Desired		5 Additional
City & State		27 City & Sta	te		6. Election Campaign Financing	\$5.0	Required 00 May Be
23 Zip	Country	28 2		ountry	Trust Fund Contribution 8. This corporation has liability for in		ed to Fees
24	25 9. Name and Address of Cur	29	30	·····	Florida Statutes Yes		
NEW PO	S. HIGHWAY 19 PRT RICHEY FL 34652 The provisions of Sections 607.00 d agent, or both, in the State of F h, and accept the obligations of, S	lorida. Such change w	as authorized by the da Statutes.	83 84 City bove-named corpo e corporation's box L. Thacker	oration submits this statement for the purp and of directors. I hereby accept the appo	ose of changing its	Ip Code registered office d agent. I am
12.	itgnature, typed or printed name of registered a	ent and title Tapplicable.	(NOTE Rogisti	ered Agent sig lature requir 3	ed when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECT	ORS IN 12
TITLE	D			1 TITLE		Change	Addition £
NAME STREET ADDRESS	POTTER, EUA M P.O. BOX 5173 N/A	l III	1	2 NAME 3 STREET ADDRESS			OFIS IN 12
CITY-ST-ZIP TITLE NAME STREET ADDRESS	HUDSON FL 34667 D THACKER, TERRY L 7440 U.S. HIGHWAY 19		DELFTE 2 2	4 GITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS		Change	
City-S1-Zip Title NAME	NEW PORT RICHEY FL 3		2 DELETE 3 3	4 CITY - ST - ZIF 1 TITLE 2 NAME		Change	Addition
STREET AODRESS CITY-S1-ZIP TITLE NAME			DELETE 4	3. STREET ADDRESS 4 CITY - ST - ZIP 1 THLE 2 NAME		Change	Addition
STREET ADDRESS CITY - S1 - ZIP TITLE		П	4	3 STREET ADDRESS 4 CITY - ST - ZIP 1 TITLE		Change	Addition
NAME STREET ADDRESS CITY - ST - ZIP			5	2 NAME 3 STREET ADDRESS 4 CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			6 6	.1 THLE 2 NAME .3 STREET ADDRESS 4 CITY-ST-ZIP		Change	Addition
14. I do hereby	the information indicated on this a	annual report or supple	luntarily furnished a	nd does not qualify	for the exemption stated in Section 119, rate and that my signature shall have the his report as required by Chapter 607, Fl	same legal effect as	; if made under I