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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

	MENT # P95000 AT HOME BUILDERS, INC.									
•		Mailing Address	<u> </u>					· · · · · · · · · · · · · · · · · · ·		
7440 U.S. HIGHWAY 19 NEW PORT RICHEY FL 34652  7440 U.S. HIGHWAY 19 NEW PORT RICHEY FL 34652										
	•					3. Date Incorporated or Qua 02/27/1995	lified	3a. Date of 05/01/19		eport .
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Ap	plied For
21		26				59-3296024			No	t Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desir	ed	1 1	<b>8.75</b> A Fee Re	Additional quired
City & Stat	e	City & State				6. Election Campaign Finan Trust Fund Contribution			5.00 Added t	May Be
Zip 24	Country 25	Zip 29	30	Country	,	This corporation has liable     Florida Statutes		<del></del>	inder s.	
	9. Name and Address of Curre		100			10. Name and Address of N				<del></del>
7440	CKER, TERRY L ) U.S. HIGHWAY 19 / PORT RICHEY FL 34652			81 82 83		dress (P.O. Box Number is Not Ac	ceptable	)		
11. Pursuant office or agent. La	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the oblig	02 and 607.1508, Florida of Florida. Such change ations of Section 607.00	Statutes, the was autho	ne above	,	rporation submits this statement fo ation's board of directors. I hereby	or the pur accept	Pose of char the appointm	1	
SIGNATURE			72,							
SIGNATOR:	Signature, typed or printed name of registered ag	ent and tille if applicable	(NOTE Reg	istered Ag	ent signature req	uired when reinstating)		DATE		
12.	r	D DIRECTORS		13.		ADDITIONS/CHANGES TO	OFFICE			
TITLE NAME STREET ADDRESS CITY-ST-ZIF	D POTTER, EIJA M P.O. BOX 5173 N/A HUDSON FL 34667	☐ DELE		1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S	ADDRESS			L.,) (	Change	Addition
TITLE	D	DELE		2.1 TITLE	71-211				Change	Addition
NAME	THACKER, TERRY L			2.2 NAME						
STREET ADDRESS	7440 U.S. HIGHWAY 19				ADDRESS					
CHY+S1-2IP	NEW PORT RICHEY FL 34652	DELE		2. 4 CITY -	ST-ZiP			T17	Change	Addition
TOTLE		ריו אנרנ		3.1 TITLE	ļ			ļ (	YHRI I YO	Last Application
NAME RECEIVED				3.2 NAME						
STREET ADDRESS			9		ADDRESS					
DITY - ST - ZIF'		DELE		3.4. CITY-! 4.1 TITLE	51-211			117	Change	Addition
NAME		L 1000		4.1 THEE 4. 2 NAME	- 1				znango	
				-	ADDRESS					
STREET ADDRESS			1							
CITY-ST-7IP TITLE		DELE		4.4 CITY - S 5 1 TITLE	51-ZIP			111	Change	Addition
IIILE		ויין הגדונ	-16	a i iiilt	1			i!	h ran right	

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 on an attachment with an address.

5.3 STREET ADDRESS

**6.3 STREET ADDRESS** 

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

STREET ADDRESS CITY - ST- ZIP

THE

NAME STREET AUDRESS

CITY - ST - ZIP

L. Thacker

DELETE

Change

Addition

**FILED** 

May 07 1997 8:00am

Secretary of State