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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000017820 (8)

1. Corporation Name

GANES CUSTOM HOMES, INC.

Principal Place of Business

35 CYPRESS DRIVE
PALM HARBOR FL 34683

Mailing Address

35 CYPRESS DRIVE
PALM HARBOR FL 34683



3. Date Incorporated or Qualified

03/02/1995

3a. Date of Last Report

2. Principal Place of Business

21 3211 ALT. A NORTH

Suite, Apt. #, etc.

22 A

City & State

23 PALM HARBOR, FLORIDA

Zip

24 34683

Country

25 U.S.A.

2a. Mailing Address

26 P.O. Box 1432

Suite, Apt. #, etc.

27

City & State

28 TARPON SPRINGS, FLORIDA

Zip

29 34688

Country

30 U.S.A.

4. FEI Number

59-3302701

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

9. Name and Address of Current Registered Agent

GANES, STEVEN J
35 CYPRESS DRIVE
PALM HARBOR FL 34683

SAME AGENT
INCORRECT ADDRESS

10. Name and Address of New Registered Agent

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

STEVEN JOSEPH GANES

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT
NAME STEVEN JOSEPH GANES
STREET ADDRESS 3211 ALT. A NORTH SUITE A
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT
1.2 NAME STEVEN JOSEPH GANES
1.3 STREET ADDRESS 3211 ALT. A NORTH SUITE A
1.4 CITY-ST-ZIP PALM HARBOR, FL 34683

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

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***200.00

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; and that I am authorized 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 if appointed with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/96 813-781-3462

CR2E034 (12/95)