

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

**FILED**

**Jan 21 1997 8:00am**  
**Secretary of State**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # P95000031498 (5)**

1. Corporation Name

**NATIONAL HOUSING CORPORATION OF FLORIDA, INC.**

Principal Place of Business

**1225 DUBLIN ROAD  
COLUMBUS OH 43215-1024**

Mailing Address

**1225 DUBLIN ROAD  
COLUMBUS OH 43215-1024**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

**04/21/1995**

3a. Date of Last Report

**04/05/1996**

4. FEI Number

**31-1434020**

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

**SEXTON, DAVID N ESQ.  
BOND, SCHOENECK AND KING, P.A.  
1167 THIRD STREET SOUTH  
NAPLES FL 33940**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 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)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **SHOWE, H. BURKLEY**  
STREET ADDRESS **1225 DUBLIN ROAD**  
CITY - ST - ZIP **COLUMBUS OH 43215-1024**

TITLE **VAS** ☐ DELETE

NAME **SHOWE, DAVID M**  
STREET ADDRESS **6300 RIVERSIDE DRIVE**  
CITY - ST - ZIP **DUBLIN OH 43017**

TITLE **VSD** ☐ DELETE

NAME **SHOWE, KEVIN M**  
STREET ADDRESS **1169 REGENCY DRIVE**  
CITY - ST - ZIP **COLOMBUS OH 43220**

TITLE **VTD** ☐ DELETE

NAME **SHOWE, HUGH B II**  
STREET ADDRESS **430 TUCKER DRIVE**  
CITY - ST - ZIP **WORTHINGTON OH 43085**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

**711 OLD OAK TRAIL  
COLUMBUS, OHIO 43235**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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.

**SIGNATURE:**

*DAVID M. SHOWE*, **DAVID M. SHOWE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/10/97 (614) 481-8106**

Date

Daytime Phone #

CR2E034 (9/96)