

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000044078 (0)

1. Corporation Name

GAVIN HOMES & DESIGN, INC.



Principal Place of Business

500 SOUTH SURF ROAD
HOLLYWOOD FL 33019

Mailing Address

500 SOUTH SURF ROAD
HOLLYWOOD FL 33019

2. Principal Place of Business

21 1405 NW 66 AVE

Suite, Apt. #, etc.

22 City & State
23 MARLBATE, FL

24 Zip
25 33063

26 Country
27 BROWARD

2a. Mailing Address

26 1405 NW 66 AVE

Suite, Apt. #, etc.

27 City & State
28 MARLBATE, FL

29 Zip
30 33063

31 Country
32 BROWARD

3. Date Incorporated or Qualified

06/07/1995

3a. Date of Last Report

4. FEI Number

65-0586671

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

FEINBERG, JEFFREY
4651 SHERIDAN STREET
SUITE 300
HOLLYWOOD FL 33021

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 607.0506, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and date of appointment

(Print) Registered Agent signature (to be printed in registration)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
GAVIN, THOMAS H
500 SOUTH SURF ROAD
HOLLYWOOD FL 33019

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
SAIGER, LAURIE L
500 SOUTH SURF ROAD
HOLLYWOOD FL 33019

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
GAVIN, DALE R
500 SOUTH SURF ROAD
HOLLYWOOD FL 33019

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas H. Gavin

Date

4-18-96

954-984-0350

SG-4-29-96

CFR2E034 (12/95)