

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000067455 (2)

1. Corporation Name

LIFETIME CUSTOM HOMES, INC.



Principal Place of Business

Mailing Address

14566 TEMPLE BLVD.
LOXAHATCHEE FL 33470

14566 TEMPLE BLVD.
LOXAHATCHEE FL 33470

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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3. Date Incorporated or Qualified

3a. Date of Last Report

08/31/1995

4. FEI Number

59-3322241

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

10. Name and Address of New Registered Agent

FUCHS, LAWRENCE M
C/O FUCHS JONES & MORRIS
590 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH FL 33411

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 of Registered Agent required when changing

(NOTE: Registered Agent Signature required when changing)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT
NAME KENNETH C. CLUTTER
STREET ADDRESS 14566 TEMPLE BLVD
CITY-ST-ZIP LOXAHATCHEE, FL 33470

TITLE SECRETARY
NAME MARY RENE CLUTTER
STREET ADDRESS 14566 TEMPLE BLVD
CITY-ST-ZIP LOXAHATCHEE, FL 33470

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KENNETH C. CLUTTER

6-12-96

561-793-3643