

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 25 AM 8:13

DOCUMENT # S09357 (2)

1. Corporation Name
SHOWMAN HOMES, INC.

Principal Place of Business Mailing Address
4801 10TH AVE SW 4801 10TH AVE SW
NAPLES FL 33999 NAPLES FL 33999

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/22/1990	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0229036	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for interjurisdictional tax under a Florida Statute <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1101 Sun Century Rd. Suite, Apt. #, etc. 22 Suite E 23 Naples, FL	2a. Mailing Address 26 P.O. Box 8876 Suite, Apt. #, etc. 27 28 Naples, FL
24 33963 25 USA	29 33941 30 USA

9. Name and Address of Current Registered Agent
KELLY, CHARLES M JR
4501 TAMiami TRAIL NORTH
SUITE 400
NAPLES FL 33940
Remove

10. Name and Address of New Registered Agent
81 Name Brenda DeJong
82 Street Address (P.O. Box Number is Not Acceptable)
9605 Crescent Lake Dr.
83 Unit #101
84 City Naples FL 85 Zip Code 33942

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 *Brenda S. DeJong, President* DATE 7/20/95

12. OFFICERS AND DIRECTORS	
TITLE P	DEJONG, BRENDA 4801 10TH AVE SW NAPLES FL
TITLE V	DEJONG, GABRIEL D 4801 10TH AVE SW NAPLES FL <i>Remove</i>
TITLE	
TITLE	
TITLE	
TITLE	
TITLE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE DeJong, Brenda - President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME 9605 Crescent Lake Dr. #101	
1.3 STREET ADDRESS Naples, FL 33942	
2.1 TITLE Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Remove	
2.3 STREET ADDRESS Gabriel DeJong	
2.4 CITY, ST, ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(6)(b), 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: *Brenda S. DeJong, President* DATE: 7/20/95 (941) 591-2800