

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S09357 (2)**

1. Corporation Name
SHOWMAN HOMES, INC.



Principal Place of Business: **1101 SUN CEENTURY RD STE E NAPLES FL 33963 US**
Mailing Address: **P O BOX 8876 NAPLES FL 33941 US**

3. Date Incorporated or Qualified: **10/22/1990**
3a. Date of Last Report: **07/25/1995**
4. FEI Number: **65-022 8264**
~~65-0229036~~
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

2. Principal Place of Business
21 []
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country
2a. Mailing Address
26 []
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

**DEJONG, BRENDA
9605 CRESCENT LAKE DR
UNIT 101
NAPLES FL 33942**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **5195 10th Ave. S W**
83 []
84 City: **Naples** FL 85 Zip Code: **33999**

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

OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	DEJONG, BRENDA	
STREET ADDRESS	9605 CRESCENT LAKE DR STE 101	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Brenda DeJong	
1.3 STREET ADDRESS	5195 10th Ave. S W	
1.4 CITY-ST-ZIP	Naples, FL 33999	
2.1 TITLE	V P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ken Bradfield	
2.3 STREET ADDRESS	2120 Harbor Lane	
2.4 CITY-ST-ZIP	Naples, FL 33942	
3.1 TITLE	V P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Mike Preslar	
3.3 STREET ADDRESS	1099 6th Lane N.	
3.4 CITY-ST-ZIP	Naples, FL 33940	
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(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: *Brenda S. DeJong* **Brenda S. DeJong** 4/30/96 (941) 591-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)