FILE NOW: FILING FEE AFTER MAY 1 IS $[illegible].00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT STATE
Sandra B. Mort
Secretary of S
DIVISION OF CORPORATIONS

DOCUMENT # **S17282** **(2)**

1. Corporation Name

CAAB HOMES, INC.

Principal Place of Business	Mailing Address
1645 W. MAIN ST. INVERNESS FL 34450	1645 W. MAIN ST. INVERNESS FL 34450

3. Date Incorporated or Qualified: **12/05/1990**	3a. Date of Last Report: **06/13/1995**
4. FEI Number: **59-3040350**	☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

MORTON, KAREN E
1645 W. MAIN ST.
INVERNESS FL 32650

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 a[illegible] 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 [illegible]rporation'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: Karen E Morton — 4/24/96

Signature, typed or printed name of registered agent and the date of this filing — NOTE: Registered Agent's signature required for filing — DATE

12. OFFICERS AND DIRECTORS		
TITLE	DPS	☐ DELETE
NAME	MORTON, KAREN E.	
STREET ADDRESS	1645 W. MAIN ST.	
CITY-ST-ZIP	INVERNESS FL	
TITLE	D	☒ DELETE
NAME	MORTON, JAMES W.	
STREET ADDRESS	1645 W. MAIN ST.	
CITY-ST-ZIP	INVERNESS FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
11 TLE		☐ Change ☐ Addition
12 AME		
13 REET ADDRESS		
14 Y-ST-ZIP		
2 TLE		☐ Change ☐ Addition
22 AME		
23 REET ADDRESS		
24 Y-ST-ZIP		
3 TLE		☐ Change ☐ Addition
32 AME		
33 REET ADDRESS		
34 Y-ST-ZIP		
4 TLE		☐ Change ☐ Addition
42 AME		
43 REET ADDRESS		
44 Y-ST-ZIP		
5 TLE		☐ Change ☐ Addition
52 AME		
53 REET ADDRESS		
54 Y-ST-ZIP		
6 TLE		☐ Change ☐ Addition
62 AME		
63 REET ADDRESS		
64 Y-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished a[illegible] 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 rep[illegible] 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 empo[illegible]red 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: Karen E Morton — 4/24/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D[illegible]CTOR — Date — Daytime Phone #

CR2E034 (12/95)