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Apr 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # S18717 (6)

1. Corporation Name  
CENTURION HOMES INC. OF EAST FLORIDA



Principal Place of Business

Mailing Address

#12 TWELVE OAKS TRAIL  
ORMOND BEACH FL 32174

#12 TWELVE OAKS TRAIL  
ORMOND BEACH FL 32174-8519

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

THOMPSON, STEPHEN J.  
#12 TWELVE OAKS TRAIL  
ORMOND BEACH FL 32174

3. Date Incorporated or Qualified

12/10/1990

3a. Date of Last Report

02/09/1996

4. FEI Number

59-3040593

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

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 607.0505, Florida Statutes.

SIGNATURE

Signature of person or persons of registered agent and if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME  
THOMPSON, STEPHEN J.  
STREET ADDRESS  
#12 TWELVE OAKS TRAIL  
CITY-ST-ZIP  
ORMOND BEACH FL

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS

2.2 NAME  
2.3 STREET ADDRESS

CITY-ST-ZIP ☐ DELETE

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS

CITY-ST-ZIP ☐ DELETE

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS

CITY-ST-ZIP ☐ DELETE

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS

CITY-ST-ZIP ☐ DELETE

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS

CITY-ST-ZIP ☐ DELETE

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS

6.5 CITY-ST-ZIP

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 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 or changed, or as an attachment with an address.

SIGNATURE:

*Stephen J. Thompson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/97

Date

904-677-9260

Daytime Phone #

0026120

CR2E034 (9/96)