FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # S67044 (5)

1. Corporation Name
TRANS-COASTAL HOMES, INC.

Principal Place of Business
1934 RINGLING BLVD
SARASOTA FL 34233

Mailing Address
1934 RINGLING BLVD
SARASOTA FL 34233

2. Principal Place of Business	2a. Mailing Address
21 313 INTERSTATE CT	26 313 INTERSTATE CT.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 SARASOTA FL.	City & State 28 SARASOTA, FL.
Zip 24 34240 Country 25 USA	Zip 29 34240 Country 30 USA

3. Date Incorporated or Qualified: 07/15/1991	3a. Date of Last Report: 02/14/1995
4. FEI Number: 65-0275043	☐ 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

CURRAN, DONALD F.
7515 WEEPING WILLOW BLVD.
SARASOTA FL 34241

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 ______ DATE ______

CR2E034 (12/95)

12. OFFICERS AND DIRECTORS

	Officer	Delete
TITLE	P	☐ DELETE
NAME	CURRAN, MARK W.	
STREET ADDRESS	4735 EAST TRAIL DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	S	☒ DELETE
NAME	MCCORMICK, BRIAN A.	
STREET ADDRESS	5710 APRRIL JOURNEY	
CITY-ST-ZIP	COLUMBIA MD	
TITLE	T	☒ DELETE
NAME	MCCORMICK, JAMES N.	
STREET ADDRESS	211 MADISON AVENUE	
CITY-ST-ZIP	ERIE PA	
TITLE	AST	☒ DELETE
NAME	CURRAN, SUSAN A.	
STREET ADDRESS	4735 EAST TRAIL DR.	
CITY-ST-ZIP	SARASOTA FL	
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

1 1 TITLE	Secretary	☒ Change ☐ Addition
1 2 NAME	Susan A. Curran	
1 3 STREET ADDRESS	4735 EAST TRAILS Dr	
1 4 CITY-ST-ZIP	SARASOTA, FL.	
2 1 TITLE	VICE PRESIDENT, Asst Secy, Asst Treas.	☐ Change ☒ Addition
2 2 NAME	DONALD F. Curran	
2 3 STREET ADDRESS	7515 Weeping Willow Blvd	
2 4 CITY-ST-ZIP	Sarasota FL. 34241	
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		☐ Change ☐ 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: [signature] MARK W. CURRAN PRESIDENT 2-2-96 379-3682
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #