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FILED
May 13 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 # S88927

(6)

1. Corporation Name

FARMERIE CUSTOM HOMES, INC.



Principal Place of Business

7317 ORCHID LAKE ROAD
NEW PORT RICHEY FL 34653

Mailing Address

7317 ORCHID LAKE ROAD
NEW PORT RICHEY FL 34653-1222

2. Principal Place of Business

21 6034 Missouri Avenue

Suite, Apt. #, etc.

22 City & State
23 New Port Richey FL

24 Zip
34653

25 Country
Pasco

2a. Mailing Address

26 6034 Missouri Avenue

Suite, Apt. #, etc.

27 City & State

28 New Port Richey FL

29 Zip
34653

30 Country
Pasco

3. Date Incorporated or Qualified
10/21/1991

3a. Date of Last Report
03/01/1996

4. FEI Number
59-3090015

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

FARMERIE, BETTE M.
7317 ORCHID LAKE ROAD
NEW PORT RICHEY FL 34653

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME FARMERIE, BETTE M.
STREET ADDRESS 7317 ORCHID LAKE ROAD
CITY-ST-ZIP NEW PRT. RICHEY FL

TITLE ST ☐ DELETE

NAME FARMERIE, GEORGE F.
STREET ADDRESS 7317 ORCHID LAKE ROAD
CITY-ST-ZIP NEW PRT. RICHEY 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

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 6034 Missouri Avenue
1.4 CITY-ST-ZIP New Port Richey, FL 34653

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 6034 Missouri Avenue
2.4 CITY-ST-ZIP New Port Richey, FL 34653

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 does not qualify for the exemption stated in Section 119.07(3)(l), 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:

B. M. Farmerie

4-29-97

813-844-0242

CR2E034 (9/96)