

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 # **V37725** (1)

1. Corporation Name

CEDAR MOUNTAIN LOG HOMES, INC.



Principal Place of Business

C/O SHELDON P. DAVIS
315 E. MADISON ST. SUITE 920
TAMPA FL 33602
US

Mailing Address

C/O SHELDON P. DAVIS
315 E. MADISON ST. SUITE 920
TAMPA FL 33602
US

3. Date Incorporated or Qualified

05/18/1992

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21 **660 McCue Road**

Suite, Apt. #, etc.

2a. Mailing Address

26 **660 McCue Road**

Suite, Apt. #, etc.

4. FEI Number

59-3135581

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fees 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

City & State

23 **Lakeland FL**

City & State

28 **Lakeland FL**

Zip

24 **33801**

Country

25 **USA**

Zip

29 **33801**

Country

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, SHELDON P.
315 EAST MADISON STREET
SUITE 920
TAMPA FL 33602

81 Name

David Walker

82 Street Address (P.O. Box Number is Not Acceptable)

83 **660 McCue Road**

84 City

Lakeland

FL

85 Zip Code

33801

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 provisions 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 reappointing)

DATE

David Walker

David Walker, President

4/25/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE

NAME **WALKER, DAVID**
STREET ADDRESS **3021 KNIGHTS STATION RD.**
CITY-ST-ZIP **LAKELAND FL**

TITLE **VP** ☐ DELETE

NAME **HERBERT, LLOYD**
STREET ADDRESS **18725 GERACI RD.**
CITY-ST-ZIP **LUTZ FL**

TITLE **ST** ☐ DELETE

NAME **GRIFFIN, BENJAMIN S.**
STREET ADDRESS **2331 TOWERY TRAIL DR.**
CITY-ST-ZIP **LUTZ 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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change: ☐ Addition

**5876 Eight Point Lane
Lakeland, FL 33811**

☒ Change: ☐ Addition

**3021 Knights Station Rd.
Lakeland, FL 33809**

☐ Change: ☐ Addition

☐ Change: ☐ Addition

☐ Change: ☐ Addition

☐ Change: ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Walker, Pres.

4/25/96

944-683-5647

CR2E034 (12/95)