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 # **V60649** **(3)**

1. Corporation Name
AUBUCHON HOMES, INC.

Principal Place of Business	Mailing Address
4724 VINCENNES BLVD CAPE CORAL, FLORIDA CAPE CORAL FL 33904 US	4724 VINCENNES BLVD CAPE CORAL FL 33904 US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 08/28/1992

3a. Date of Last Report: 04/18/1995

4. FEI Number: 65-0355937 ☐ 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

BARTOS, BRIAN R.
1625 HENDRY STREET
SUITE D
FT. MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name: BARTOS, BRIAN R.
82 Street Address (P.O. Box Number is Not Acceptable): 5217 S.W. 18TH AVE.
83
84 City: CAPE CORAL FL 85 Zip Code: 33914

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DV AUBUCHON, GARY 4504 SW 19TH PL. CAPE CORAL FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST AUBUCHON, GARY 4504 SW 19TH PL. CAPE CORAL FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P AUBUCHON, DARRYL 4504 SW 19TH PL. CAPE CORAL FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DVT AUBUCHON, GARY 4724 VINCENNES BLVD. CAPE CORAL, FL 33904	☒ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	P AUBUCHON, DARRYL 4724 VINCENNES BLVD. CAPE CORAL, FL 33904	☒ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	V AUBUCHON, JAMES 4724 VINCENNES BLVD. CAPE CORAL, FL 33904	☐ Change ☒ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	S AUBUCHON, MARTHA 4724 VINCENNES BLVD. CAPE CORAL, FL 33904	☐ Change ☒ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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)(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 if changed or on an attachment with an address.

SIGNATURE: GARY AUBUCHON APRIL 11, 1996 941-549-6358

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #