

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90005 023 ***150.00

DOCUMENT # V60649

1. Corporation Name

AUBUCHON HOMES, INC.

Principal Place of Business

**4724 VINCENNES BLVD
CAPE CORAL, FLORIDA
CAPE CORAL, FL 33904
US**

Mailing Address

**4724 VINCENNES BLVD
CAPE CORAL FL 33904
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/28/1992

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, 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

10. Name and Address of New Registered Agent

**BARTOS, BRIAN R.
5217 SW 18TH AVE
SUITE D
CAPE CORAL FL 33914**

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
NAME
STREET ADDRESS
CITY-STATE-ZIP
**DVT
AUBUCHON, GARY
4724 VINCENNES BLVD
CAPE CORAL FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**P
AUBUCHON, DARRYL
4724 VINCENNES BLVD
CAPE CORAL FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**P
AUBUCHON, DARRYL
4504 SW 19TH PL.
CAPE CORAL FL**

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**V
AUBUCHON, JAMES
4724 VINCENNES BLVD
CAPE CORAL FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**S
AUBUCHON, MARTHA
4724 VINCENNES BLVD
CAPE CORAL FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
**PDT
AUBUCHON, GARY
4724 VINCENNES BLVD.
CAPE CORAL, FL 33904**

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
**VP
AUBUCHON DARRYL
4724 VINCENNES BLVD.
CAPE CORAL, FL 33904**

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
**VP
AUBUCHON, JAMES
4724 VINCENNES BLVD.
CAPE CORAL, FL 33904**

☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

14. I 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 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: **MARTHA A. AUBUCHON** 4-26-99 944-549-6358
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)