FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

DOCUMENT # **V62047** **(8)**

1. Corporate Name

GULF COAST DREAM HOMES, INC.

Principal Place of Business

2803 SUGAR RIDGE WAY
VALRICO FL 33594

Mailing Address

2803 SUGAR RIDGE WAY
VALRICO FL 33594

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/08/1992**

3a. Date of Last Report: **06/07/1994**

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

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

4. FEI Number: **59-3141444** ☐ 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

9. This corporation has liability for intangible tax under C. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

STRATTON, DAVID
2803 SUGAR RIDGE WAY
VALRICO FL 33594

10. Name and Address of New Registered Agent

81 Name

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

83

84 City — 85 Zip Code — **FL**

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: David Stratton P/D DAVID STRATTON 18 April 1995
(Required) (Typed or printed name of person signing) (Title) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	PD	1 TITLE	☐ Change ☐ Addition
2 NAME	STRATTON, DAVID	2 NAME	
3 STREET ADDRESS	2803 SUGAR RIDGE WAY	3 STREET ADDRESS	
4 CITY ST ZIP	VALRICO FL	4 CITY ST ZIP	
5 TITLE	SD	5 TITLE	☐ Change ☐ Addition
6 NAME	STRATTON, MARY	6 NAME	
7 STREET ADDRESS	2803 SUGAR RIDGE WAY	7 STREET ADDRESS	
8 CITY ST ZIP	VALRICO FL	8 CITY ST ZIP	
9 TITLE	VP/D	9 TITLE	☐ Change ☐ Addition
10 NAME	SMITH, CLYDE E	10 NAME	
11 STREET ADDRESS	2803 SUGAR RIDGE WAY	11 STREET ADDRESS	
12 CITY ST ZIP	VALRICO FL 33594	12 CITY ST ZIP	
13 TITLE		13 TITLE	☐ Change ☒ Addition
14 NAME		14 NAME	VP/D
15 STREET ADDRESS		15 STREET ADDRESS	MICHAEL BEAUCHAINE
16 CITY ST ZIP		16 CITY ST ZIP	2809 HARDER OAKS AVE
17 TITLE		17 TITLE	VALRICO, FL 33594
18 NAME		18 NAME	☐ Change ☐ Addition
19 STREET ADDRESS		19 STREET ADDRESS	
20 CITY ST ZIP		20 CITY ST ZIP	
21 TITLE		21 TITLE	☐ Change ☐ Addition
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY ST ZIP		24 CITY ST ZIP	

14. I/We hereby certify that the information supplied with this report 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 added above or on an attachment with an address.

SIGNATURE: David Stratton P/D DAVID STRATTON 18 April '95 (813) 654-9515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

0286703 CP