

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V72821** (4)

1. Corporation Name

CUSTOM HOMES BY JORON, INC.



Principal Place of Business

**1831 LYONS ROAD
UNIT #104
COCONUT CREEK FL 33063-9270**

Mailing Address

**1831 LYONS RD
UNIT #104
COCONUT CREEK FL 33063-9270
US**

2. Principal Place of Business

2a. Mailing Address

21 **500 COMMERCE WAY WEST**

26 **500 COMMERCE WAY WEST**

Suite, Apt., etc.

Suite, Apt., etc.

22 **6**

27 **6**

City & State

City & State

23 **JUPITER, FL**

28 **JUPITER, FL**

24 **33458-8844** 25 **US**

29 **33458-8844** 30 **US**

9. Name and Address of Current Registered Agent

**HEDGES, RONALD PETER
1831 LYONS RD
UNIT #104
COCONUT CREEK FL 33063**

3. Date Incorporated or Qualified

10/19/1992

3a. Date of Last Report

03/22/1995

4. FEI Number

65-0364298

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

10. Name and Address of New Registered Agent

81 Name

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

500 COMMERCE WAY WEST

83 **SUITE 6**

84 City **JUPITER**

FL

85 Zip Code
33458

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

RONALD PETER HEDGES, PRES.

Ronald Peter Hedges, Pres.

4-15-96

Signature typed or printed name of registered agent and family office agent

(NOTE: Registered Agent Signature Required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DCP**
STREET ADDRESS **HEDGES, RONALD PETER**
CITY-ST-ZIP **1831 LYONS RD UNIT #104**
COCONUT CREEK FL

TITLE ☐ DELETE
NAME **DVST**
STREET ADDRESS **HEDGES, JOAN MAXINE**
CITY-ST-ZIP **1831 LYONS RD, UNIT #104**
COCONUT CREEK 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

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS **500 COMMERCE WAY WEST, SUITE 6**
1.4 CITY-ST-ZIP **JUPITER, FL 33458-8844**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **500 COMMERCE WAY WEST, SUITE 6**
2.4 CITY-ST-ZIP **JUPITER, FL 33458-8844**

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

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*****626.25**

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: **RONALD PETER HEDGES, PRES.** *Ronald Peter Hedges, Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96

DATE

Daytime Phone #

407-746-8295

CR2E034 (12/95)