

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

MAY - 1 1995

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V73262

(0)

1. Corporation Name:

PACSETTER HOMES, INC.

Principal Place of Business:

**2290 SE COUNTRY CLUB LN
STUART FL 34997**

Mailing Address:

**2290 SE COUNTRY CLUB LN
STUART FL 34997**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/22/1992

3a. Date of Last Report

03/08/1994

4. FEI Number

65-0367246

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 (1)(f)
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

24

25

Locality

29

30

Locality

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WAGGONER, DENNIS P.
101 E KENNEDY BLVD
SUITE 3700 BARNETT PLAZA
TAMPA FL 33602**

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 607.0542 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 607.0545, Florida Statutes.

SIGNATURE

Signature of Agent or Director (Type name and address of agent or director)

Signature of Registered Agent or Representative (Type name and address of agent or representative)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS, IF ANY

12.1 NAME PS MCKNIGHT, MARY LOU	13.1 NAME ☐ Change ☐ Addition
12.2 STREET ADDRESS 2290 SE COUNTRY CLUB LANE	13.2 STREET ADDRESS ☐ Change ☐ Addition
12.3 CITY, STATE, ZIP STUART FL	13.3 CITY, STATE, ZIP ☐ Change ☐ Addition
12.4 NAME VT MCKNIGHT, A. W.	13.4 NAME ☐ Change ☐ Addition
12.5 STREET ADDRESS 2290 SE COUNTRY CLUB LANE	13.5 STREET ADDRESS ☐ Change ☐ Addition
12.6 CITY, STATE, ZIP STUART FL	13.6 CITY, STATE, ZIP ☐ Change ☐ Addition
12.7 NAME	13.7 NAME ☐ Change ☐ Addition
12.8 STREET ADDRESS	13.8 STREET ADDRESS ☐ Change ☐ Addition
12.9 CITY, STATE, ZIP	13.9 CITY, STATE, ZIP ☐ Change ☐ Addition
12.10 NAME	13.10 NAME ☐ Change ☐ Addition
12.11 STREET ADDRESS	13.11 STREET ADDRESS ☐ Change ☐ Addition
12.12 CITY, STATE, ZIP	13.12 CITY, STATE, ZIP ☐ Change ☐ Addition
12.13 NAME	13.13 NAME ☐ Change ☐ Addition
12.14 STREET ADDRESS	13.14 STREET ADDRESS ☐ Change ☐ Addition
12.15 CITY, STATE, ZIP	13.15 CITY, STATE, ZIP ☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(1)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if made in accordance with 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 on Block 12 or Block 13, but not on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature of Agent

1/1/95 407-287-0877