

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 10 PM 12:43

DOCUMENT # **P11110** (4)

1. Corporation Name
ADVANCE HOMES INC.

Principal Place of Business Mailing Address
4215 E. 60TH STREET 4215 E. 60TH STREET
DAVENPORT IA 52607 DAVENPORT IA 52607

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified **08/06/1986** 3a. Date of Last Report **02/18/1994**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

4. FEI Number **42-0794211** Applied For Not Applicable

22 City & State 27 City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Zip Country 28 Zip Country

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 25 29 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WINESETT, ROBERT A.
2248 FIRST STREET
FORT MYERS FL 33901

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEITZ, ALLEN V.	1.2 NAME	
STREET ADDRESS	4305 SQUIRE DRIVE	1.3 STREET ADDRESS	
CITY- ST- ZIP	BETTENDORF IA	1.4 CITY- ST- ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEITZ, ALLEN V.	2.2 NAME	
STREET ADDRESS	4305 SQUIRE DRIVE	2.3 STREET ADDRESS	
CITY- ST- ZIP	BETTENDORF IA	2.4 CITY- ST- ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WETZEL, BRUCE	3.2 NAME	
STREET ADDRESS	2135 NICHOLAS COURT	3.3 STREET ADDRESS	
CITY- ST- ZIP	BETTENDORF IA	3.4 CITY- ST- ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEITZ, A. JEFFREY	4.2 NAME	
STREET ADDRESS	1705 SUSAN COURT	4.3 STREET ADDRESS	
CITY- ST- ZIP	BETTENDORF IA	4.4 CITY- ST- ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEITZ, VELMA L.	5.2 NAME	
STREET ADDRESS	4305 SQUIRE DRIVE	5.3 STREET ADDRESS	
CITY- ST- ZIP	BETTENDORF IA	5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Allen V. Seitz* **Allen V. Seitz** President **2-20-95** **310-350-0307**