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
95 APR 27 AM 7:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **361754** **(5)**

1. Corporation Name
FLORIDA MADE HOMES INC

Principal Place of Business	Mailing Address
16500 SW WARFIELD BLVD P O BOX 1 INDIANTOWN FL 34956-7001	16500 SW WARFIELD BLVD P O BOX 1 INDIANTOWN FL 34956-7001

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
03/26/1970	03/11/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 59-1297514 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WALL, HARRIS H 16500 S W PALOMINO STREET INDIANTOWN FL 34956	81 Name: IRIS WALL 82 Street Address (P.O. Box Number is Not Acceptable): 16500 SW PALOMINO STREET 83 84 City: INDIANTOWN FL 85 Zip Code: 34956

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: Iris Wall — IRIS WALL — 4/14/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	WALL, HARRIS H.	1.2 NAME	WALL, IRIS
STREET ADDRESS	16500 S.W. PALOMINO ST.	1.3 STREET ADDRESS	16500 S.W. PALOMINO
CITY-ST-ZIP	INDIANTOWN FL	1.4 CITY-ST-ZIP	INDIANTOWN, FL, 34956
TITLE	VTD	2.1 TITLE	☐ Change ☐ Addition
NAME	WALL, IRIS C	2.2 NAME	
STREET ADDRESS	16500 SW PALOMINO ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANTOWN, FL 00000	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	LAWRENCE, CAROLYN W	3.2 NAME	
STREET ADDRESS	16200 SW MAPLE AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANTOWN, FL 00000	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 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.

SIGNATURE: Carolyn W. Lawrence — CAROLYN W. LAWRENCE SECRETARY — 4/14/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

CP