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 28 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K75382 (7)

1. Corporation Name
SWEET HOMEBUILDERS AND REMODELING, INC.

Principal Place of Business	Mailing Address
322 FOX DEN CT DESTIN FL 32541 US	P.O. BOX 1042 NICEVILLE FL 32588 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/21/1989
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 150 Regions Way
Suite, Apt. #, etc.
22 Suite C
City & State
23 Destin, FL
Zip 24 32541 Country 25 Okaloosa

2a. Mailing Address
26 P. O. Box 1042
Suite, Apt. #, etc.
27 Niceville, FL
City & State
28 Niceville, FL
Zip 29 32588 Country 30 Okaloosa

4. FEI Number: 59-3044970 ☐ 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

SWEET, MAURICE
219 PARKWOOD CIR
NICEVILLE FL 32578

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and date. If agent is a... (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☒ Addition
NAME	SWEET, MAURICE	12 NAME	VP-Planning & Development Lonnie J Huey
STREET ADDRESS	219 PARKWOOD CIR.	13 STREET ADDRESS	4707 Knollwood Rd
CITY ST ZIP	NICEVILLE FL	14 CITY ST ZIP	Niceville, FL 32578
TITLE	VT	21 TITLE	☐ Change ☒ Addition
NAME	SWEET, CHERYL	22 NAME	VP-Construction Roland E. Stewart
STREET ADDRESS	219 PARKWOOD CIR.	23 STREET ADDRESS	574 Pocohantas
CITY ST ZIP	NICEVILLE FL	24 CITY ST ZIP	Ft Walton Bch, FL 32547
TITLE	S	31 TITLE	☐ Change ☒ Addition
NAME	SWEET, CHERYL	32 NAME	VP-Customer Service Clifford Buckley
STREET ADDRESS	219 PARKWOOD CIR.	33 STREET ADDRESS	28 Azalea Dr
CITY ST ZIP	NICEVILLE FL	34 CITY ST ZIP	Mary Esther, FL 32569
TITLE		41 TITLE	☒ Change ☐ Addition
NAME		42 NAME	S/T cheryl E. Sweet
STREET ADDRESS		43 STREET ADDRESS	219 Parkwood Cir
CITY ST ZIP		44 CITY ST ZIP	Niceville, FL 32578
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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: _____ 4/26/95 904-837-4299
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #
MAURICE L. Sweet President

0471401 FP