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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **L31101** **(3)**

1. Corporation Name

FLORIDA AFFORDABLE HOUSING OF SEMINOLE COUNTY, I NC.

Principal Place of Business	Mailing Address
1633 E. VINE ST SUITE 201 KISSIMMEE FL 34744	1633 E. VINE ST SUITE 201 KISSIMMEE FL 34744

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/17/1989
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 1637 E. VINE ST
22 Suite, Apt. #, etc.: SUITE 201E
23 City & State: KISSIMMEE, FL.
24 Zip: 34744
25 County: OSCEOLA

2a. Mailing Address
26: 1637 E. VINE ST
27 Suite, Apt. #, etc.: SUITE 201 E
28 City & State: KISSIMMEE, FL
29 Zip: 34744
30 County: OSCEOLA

4. FEI Number: 65-0162237 ☐ 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

STICKELS, RUSSELL L
1633 E VINES T
SUITE 201
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent

81 Name: DIXON, KENNETH E.
82 Street Address (P.O. Box Number is Not Acceptable): 1637 E. VINE ST.
83: SUITE 201E
84 City: KISSIMMEE FL 85 Zip Code: 34744

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: X [signature] 4-18-95
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	DP	11 TITLE	D P ADDRESS	☒ Change ☐ Addition
NAME	TOMPKINS, THOMAS N.	12 NAME	TOMPKINS, THOMAS N.	
STREET ADDRESS	1633 E VINE ST., STE 201	13 STREET ADDRESS	1637 E VINE ST., STE 201	
CITY-ST-ZIP	KISSIMMEE FL	14 CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE	VST	21 TITLE	V ST ADDRESS	☒ Change ☐ Addition
NAME	HINNERS, THOMAS	22 NAME	HINNERS, THOMAS	
STREET ADDRESS	1633 E VINE ST., STE 201	23 STREET ADDRESS	1637 E VINE ST., STE 201	
CITY-ST-ZIP	KISSIMMEE FL	24 CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
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 added on an attachment with an address.

SIGNATURE: X [signature] 4-18-95 (407) 931-0400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0376348 CP