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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 # **P93000009207 (0)**

1. Corporation Name

BRINKER CUSTOM HOMES, INC.

Principal Place of Business	Mailing Address
6900 S. ORANGE BLOSSOM TRAIL STE 308 ORLANDO FL 32809 US	6900 S. ORANGE BLOSSOM TRAIL STE 308 ORLANDO FL 32809 US

$ 200.00

PAID
APR 27 1995

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/05/1993
3a. Date of Last Report: 06/28/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26

4. FEI Number: 59-3165113 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

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

City & State — 23
City & State — 28

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

Zip — 24 | Country — 25
Zip 32789 — 29 | Country — 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

MILLER, J GARY
~~360 N NEW YORK AVE~~
~~WINTER PK FL 32789~~

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10. Name and Address of New Registered Agent

81 Name: J. Gary Miller
82 Street Address (P.O. Box Number is Not Acceptable): 2699 Lee Rd.
83: Suite 120
84 City: Winter Park FL 85 Zip Code: 32789

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 title if applicable (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	BRINKER, HUNTER A	12 NAME	
STREET ADDRESS	~~624 CAMBRIDGE WAY STE J106~~ ~~624 CAMBRIDGE WAY~~	13 STREET ADDRESS	206 RIVERSIDE CT.
CITY-ST-ZIP	~~ALTAMONTE SPGS FL~~	14 CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	GERARD, ANDY	22 NAME	
STREET ADDRESS	910 RIVER RD	23 STREET ADDRESS	
CITY-ST-ZIP	SOMERVILLE NJ	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	BRINKER, KELLIE E	32 NAME	
STREET ADDRESS	~~624 CAMBRIDGE WAY STE 100~~ ~~624 CAMBRIDGE WAY~~	33 STREET ADDRESS	206 RIVERSIDE CT.
CITY-ST-ZIP	~~ALTAMONTE SPGS FL~~	34 CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	GERARD, CINDY	42 NAME	
STREET ADDRESS	910 RIVER RD	43 STREET ADDRESS	
CITY-ST-ZIP	SOMERVILLE NJ	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	REMITTED BY MAY 1
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	Deposited by Bank

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: _____ 4-18-95 407 851-1401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0084710 CP