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

1995 MAY 30 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 562128 (9)

1. Corporate Name
SUNFIELD HOMES, INC.

Principal Place of Business
3001 TANGLEWOOD DRIVE
CLEARWATER FL 34621

Mailing Address
3001 TANGLEWOOD DRIVE
CLEARWATER FL 34621

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification: 03/16/1978
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21
Suite, Apt. #
22
City, State
23
24 25

2a. Mailing Address
26
Suite, Apt. #
27
City, State
28
29 30

4. FEI Number: 59-1820403
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. Does corporation have liability for intangible tax under F.S. 199.032? Yes ☐ No ☐

9. Name and Address of Current Registered Agent
ORSI, JOE
1670 RIDGETOP DR
HOLIDAY FL 34690

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 Section 607.0505 Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The street address of its registered office and the name of its registered agent are as shown below, and it hereby accepts the appointment as registered agent. Its registered agent has agreed to accept the appointment and has agreed to comply with the provisions of Section 607.0505 Florida Statutes.

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ORSI, JOE
STREET ADDRESS	1670 RIDGETOP DR
CITY-ST-ZIP	HOLIDAY FL
TITLE	VST
NAME	ORSI, DEBORAH E
STREET ADDRESS	3001 TANGLEWOOD DR
CITY-ST-ZIP	CLEARWATER FL

13. ADDITIONAL OFFICERS AND DIRECTORS

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same force and 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 Florida Law; and that my name appears above, or on an attached exhibit, as an officer or director or the receiver or trustee.

SIGNATURE: Deborah E. Orsi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/95 813-785-3678
DATE TELEPHONE NUMBER

0337403 CP