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 20 PM 6:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **164090** **(3)**

1. Corporation Name
LAUREL HOMES, INC.

Principal Place of Business	Mailing Address
150 OXFORD RD. SUITE 140 P O BOX 300789 FERN PARK FL 32730-7789	150 OXFORD RD. SUITE 140 P O BOX 300789 FERN PARK FL 32730-7789

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/30/1951**
3a. Date of Last Report: **03/01/1994**

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: **59-0634185** ☐ 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
SHUTTS, ROBERT T. 2010 BRANDYWINE DRIVE WINTER PARK FL 32789	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 title if applicable) (NOTE: Registered Agent signature required when mandated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	☒ Change ☐ Addition
NAME	D'AMICO, MARTHA	12 NAME	
STREET ADDRESS	~~102 MADRID DRIVE~~	13 STREET ADDRESS	628 Desoto Drive
CITY-ST-ZIP	CASSELBERRY, FL 00000	14 CITY-ST-ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	ROBINSON, JOSEPH D, IV	22 NAME	
STREET ADDRESS	150 OXFORD RD	23 STREET ADDRESS	
CITY-ST-ZIP	FERN PARK, FL 00000	24 CITY-ST-ZIP	
TITLE	DAS	31 TITLE	☐ Change ☐ Addition
NAME	ROBINSON, LAURA CARROLL	32 NAME	
STREET ADDRESS	2300 BARBADOS DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	34 CITY-ST-ZIP	
TITLE	PD	41 TITLE	☐ Change ☐ Addition
NAME	SHUTTS, ROBERT T	42 NAME	
STREET ADDRESS	2010 BRANDYWINE DR	43 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK, FL 00000	44 CITY-ST-ZIP	
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	ROBINSON, PETER G	52 NAME	
STREET ADDRESS	315 GREYTWIG RD.	53 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH, FL 00000	54 CITY-ST-ZIP	
TITLE		61 TITLE	V ☐ Change ☒ Addition
NAME		62 NAME	Robinson, DeeEllen
STREET ADDRESS		63 STREET ADDRESS	315 Greytwig Road
CITY-ST-ZIP		64 CITY-ST-ZIP	Vero Beach, FL 32963

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: By Martha D'Amico April 25, 1995 407-831-2211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Martha D'Amico, Corp. Secretary

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