FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

1. Corporation Name

LAUREL HOMES, INC.

Principal Place of Business

150 OXFORD RD. SUITE 140
P O BOX 300789
FERN PARK FL 32730-7789

Mailing Address

150 OXFORD RD. SUITE 140
P O BOX 300789
FERN PARK FL 32730-7789

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: 01/30/1951

3a. Date of Last Report: 04/28/1995

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

SHUTTS, ROBERT T.
2010 BRANDYWINE DRIVE
WINTER PARK FL 32789

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: (Signature of a Registered Officer, Registered Agent and the date of change) NOTE: Registered Agent signature required when resigning. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: SD ☐ DELETE		1.1 TITLE	☒ Change ☐ Addition
NAME: D'AMICO, MARTHA		1.2 NAME	
STREET ADDRESS: ~~102 MADRID DRIVE~~		1.3 STREET ADDRESS: 628 Desoto Drive	
CITY-ST-ZIP: CASSELBERRY, FL 00000		1.4 CITY-ST-ZIP	
TITLE: DV ☐ DELETE		2.1 TITLE	☐ Change ☐ Addition
NAME: ROBINSON, JOSEPH D, IV		2.2 NAME	
STREET ADDRESS: 150 OXFORD RD		2.3 STREET ADDRESS	
CITY-ST-ZIP: FERN PARK, FL 00000		2.4 CITY-ST-ZIP	
TITLE: DAS ☐ DELETE		3.1 TITLE	☐ Change ☐ Addition
NAME: ROBINSON, LAURA CARROLL		3.2 NAME	
STREET ADDRESS: 2300 BARBADOS DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP: WINTER PARK FL		3.4 CITY-ST-ZIP	
TITLE: PD ☐ DELETE		4.1 TITLE	☐ Change ☐ Addition
NAME: SHUTTS, ROBERT T		4.2 NAME	
STREET ADDRESS: 2010 BRANDYWINE DR		4.3 STREET ADDRESS	
CITY-ST-ZIP: WINTER PARK, FL 00000		4.4 CITY-ST-ZIP	
TITLE: VD ☐ DELETE		5.1 TITLE	☐ Change ☐ Addition
NAME: ROBINSON, PETER G		5.2 NAME	
STREET ADDRESS: 315 GREYTWIG RD.		5.3 STREET ADDRESS	
CITY-ST-ZIP: VERO BEACH, FL 00000		5.4 CITY-ST-ZIP	
TITLE ☐ DELETE		6.1 TITLE: V	☐ Change ☒ Addition
NAME		6.2 NAME: ROBINSON, DEEELLEN	
STREET ADDRESS		6.3 STREET ADDRESS: 315 GREYTWIG RD	
CITY-ST-ZIP		6.4 CITY-ST-ZIP: VERO BEACH, FL	

CR2E034 (12/95)

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)(k), 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: Robert T. Shutts Feb. 15, 1996 407-831-2211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Robert T. Shutts, President