FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED Feb 26 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Wortham-ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (3)MCKINLEY HOMES, INC. Principal Place of Business Mailing Address 2005 TAMIAMI TRAIL 4301 PELICAN PTE. DR. **PUNTA GORDA FL 33950** PUNTA GORDA FL 33950 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 03/19/1964 2. Principal Place of Business 2a. Mailing Address Applied For FEI Number 21 4301 Pelican Pointe Dr Not Applicable 59-1054387 Suite, Apt. #, etc Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 ity & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year Intangible 25 Charlette 29 9. Name and Address of Current Registered Agent Yes ☐ No Personal Property Tax due June 30. 30 10. Name and Address of New Registered Agent Name MCKINLEY, ROBERT 4301 PELICAN PT DR Street Address (P.O. Box Number is Not Acceptable) **PUNTA GORDA FL 33950** 83 City Zip Code 11. Pursuant to the provisions of Sections 607 05:02 and 607 15:08. 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 one accept the objection 607.0505, Florida Statutes. **SIGNATURE** OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ___ Addition DELETE TITLE 1.1 TITLE Change MCKINLEY, ROBERT NAME 1.2 NAME 4301 PELICAN PTE DR STREET ADDRESS 1.3 STREET ADDRESS **PUNTA GORDA FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition 21 TITLE TITLE MCKINLEY, DOROTHY NAME 22 NAME STREET ADDRESS 4301 PELICAN PT DR 23 STREET ADDRESS **PUNTA GORDA FL** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-\$1-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CiTY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP

14. Thereby certify that the information supplied will this filing 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:

3 4 9 9 941 639 36

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

TITLE NAME

STREET ADDRESS

CITY-ST-7IP

DELETE

2-4-98 941 6393645

Change

Addition