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 MAR -2 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 384643 (3)

1. Corporation Name
STRADIVARI HOMES, INC.

Principal Place of Business	Mailing Address
4114 W DELEON ST P O BOX 14186 TAMPA FL 33690	4114 W DELEON ST P O BOX 14186 TAMPA FL 33690

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/28/1971
3a. Date of Last Report: 03/15/1994

2. Principal Place of Business
21 3610 W. Platt St
22 Suite, Apt. #, etc.
23 City & State: Tampa Florida
24 Zip: 33609
25 Country: Hills

2a. Mailing Address
26 P O Box 14186
27 Suite, Apt. #, etc.
28 City & State: Tampa, Florida
29 Zip: 33690
30 Country: Hills

4. FEI Number: 59-1352251 ☐ 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

EGGNER, H H, JR
4114 W DELEON ST
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name: H H Eggner Jr
82 Street Address (P.O. Box Number is Not Acceptable): 3610 W Platt St
83
84 City: Tampa, FL 85 Zip Code: 33609

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: H H Eggner Jr — Feb 28, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☐ Change ☐ Addition
NAME	YATES, MARY JO	1.2 NAME	
STREET ADDRESS	4304 BEACH PARK DRIVE	1.3 STREET ADDRESS	Mary Jo Yates
CITY-ST-ZIP	TAMPA, FL 00000	1.4 CITY-ST-ZIP	3204 San Carlos, Tampa, Fl 33609
TITLE	VSD	2.1 TITLE	VSD ☐ Change ☐ Addition
NAME	EGGNER, H H, JR	2.2 NAME	H H Eggner Jr
STREET ADDRESS	4114 DELEON	2.3 STREET ADDRESS	3610 W Platt St
CITY-ST-ZIP	TAMPA, FL 00000	2.4 CITY-ST-ZIP	Tampa, Fla 33609
TITLE	D	3.1 TITLE	D ☐ Change ☐ Addition
NAME	EGGNER, KATHLEEN T	3.2 NAME	Kathleen T Eggner
STREET ADDRESS	4114 DELEON	3.3 STREET ADDRESS	3610 W Platt St
CITY-ST-ZIP	TAMPA, FL 00000	3.4 CITY-ST-ZIP	Tampa, Fla 33609
TITLE	PTD	4.1 TITLE	PTD ☐ Change ☐ Addition
NAME	EGGNER, H HOLLIS, III	4.2 NAME	H Hollis Eggner III
STREET ADDRESS	4114 DELEON	4.3 STREET ADDRESS	3610 W Platt St
CITY-ST-ZIP	TAMPA, FL 00000	4.4 CITY-ST-ZIP	Tampa, Fla. 33609
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 above, or on an attachment with an address.

SIGNATURE: H H Eggner Jr. — Feb 28, 1995 — 813-348-9193
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0445000 FP