FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DE PARTMENT OF STATE CORPORATION Sandra B Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # 433758 (0) TEMPO HOMES, INC. Principal Place of Business Mailing Address 6706 N. NINTH AVENUE P.O. BOX 15673 PENSACOLA FL 32504 PENSACOLA FL 32514 US 3. Date Incorporated or Qualified 3a. Date of Last Report 08/28/1973 05/01/1995 2. Principal Place of Business 21 6 TO6 N. 9th AVENUE 4. FEI Number 2a. Mailing Address Applied For 26 PO BOX 15673 59-1573023 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required v & State 6. Election Campaign Financing \$5.00 May Be Florida Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s 199.032, 251 25 29 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LEMON, RANDALL S. 82 Street Address (P.O. Box Number is Not Acceptable) 3995 ROMMITCH LANE 83 PENSACOLA FL 32504 84 City 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. Sul of registers SIGNATURE 56 (NOTE: Registered Agent signature required when revistating) agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. FI DELETE 1 1 T(T) F Change Addition LEMON, R.C. 1.2 NAME CR2E034 STREET ADDRESS 4202 BRITTANY COURT 1.3 STREET ADDRESS PENSACOLA FL CITY - STI ZIP 1.4 CITY-ST-ZIP DP T DELETE 2 1 TITLE ☐ Change Addition LEMON, RANDALL S. 2.2 NAME 3995 ROMMITCH LANE STREET ADDRESS 23 STREET ADDRESS PENSACOLA FL 0111-51-712 24 CITY-ST-ZIP DELETE 3.1 DDE Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS $C(1Y\cdot ST\cdot Z)P$ 34 CITY-ST-ZIP DELETE Addition 4 1 TITLE Change 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS C(1Y - S1 - Z)P 4.4 CHTY - ST - ZIP DELETE 5 1 THILE ☐ Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

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 cath, that I am an officer or director of the co-poration 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 & or on an attachment with an address

54 CITY-ST-ZIP

6 3 STREET ADDRESS 6.4 CITY-ST-ZIP

6 1 TIME

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STREET ADDRESS

OFFICER OR DIRECTOR

DELETE

☐ Addition

Change

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