NAME

STREET ADDRESS

CITY-ST-ZIP

FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Jan 21 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 433758 (0)TEMPO HOMES, INC. Principal Place of Business Mailing Address 1182 TIGER TRACE BLVD. P.O. BOX 15673 PENSACOLA FL 32514 **GULF BREEZE FL 32561** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/28/1973 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-1573023 125 S. Alcaniz 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Unit Fee Regulred 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Pensacola, Florida 28 Trust Fund Contribution Added to Fees Zip 250 Countr Zip Country 8. This corporation owes or has paid the current year Intangible 25 USA 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 LEMON, RANDALL S. 3995 ROMMITCH LANE 82 Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32504 83 Zip Code 84 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE Change Addition 1.1 T(T) E LEMON, RANDALL S. NAME CR2E034 1.2 NAME 3995 ROMMITCH LANE STREET ADDRESS 1.3 STREET ADDRESS PENSACOLA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change TITLE 3.1 TITLE Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change ___ Addition 4 1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition

14. Thereby certify that the information supplied with 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 chapted, or on an attachment with an address. PANNAIL CLEMAN 1/7/00

6.3 STREET ADDRESS

6.2 NAME