FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State

APPROVED
FILED

[illegible] 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 511203 (2)

1. Current Name

NORTH CENTRAL FLORIDA HOME OWNERS WARRANTY COUNCIL, INC.

Principal Address

2217 N.W. 66TH COURT
GAINESVILLE FL ~~32606~~

Mailing Address

2217 N.W. 66TH COURT
GAINESVILLE FL ~~32606~~

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: 08/24/1976

3a. Date of Last Report: 07/11/1994

2. [illegible] of Business
21

2a. Mailing Address
26

4. FEI Number: 59-1695221 ☐ Applied For ☐ Not Applicable

Suite, Apt. # or PO
22

Suite, Apt. # or PO
27

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

24 32653 25 [illegible] 29 32653 30 [illegible]

8. This corporation has qualify for preferred tax under a [illegible] Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

HILL, GINA A.
2217 N.W. 66TH CT
GAINESVILLE FL 32606

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 Section [illegible] 607.1908 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 [illegible] Florida Statutes.

SIGNATURE [illegible]

12. OFFICER AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE ~~D~~ NAME ~~CAMERON, BONNIE~~ STREET ADDRESS ~~6030 N.W. 53 TERRACE~~ CITY-ST-ZIP ~~GAINESVILLE, FL 00000~~	☒ Change ☐ Addition
TITLE ~~PD~~ NAME ~~SHORE, FRED~~ STREET ADDRESS ~~6040 NEWBERRY ROAD, SUITE 1000~~ CITY-ST-ZIP ~~GAINESVILLE FL~~	☒ Change ☐ Addition PD Diaz, Luis 2630 NW 41 St. Gainesville FL 32606
TITLE ~~STD~~ NAME ~~LAGH, ROBERT~~ STREET ADDRESS ~~1917 SW 66TH TERRACE~~ CITY-ST-ZIP ~~GAINESVILLE, FL 00000~~	☒ Change ☐ Addition STD Hill, GINA 2217 nw 66 ct Gainesville FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

14. I/We 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 (if changed) or on any attachment with an address.

SIGNATURE: Gina M Hill STD GINA Hill 4/28/95 904/373-5049

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

0096078 CP