SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUL 20 PM 5:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500001545525
-07/25/95--01068--024
*****25.00 *****25.00

DOCUMENT # **593099** **(5)**

1. Corporation Name

TREXLER HOMES CORP.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
8623 CAPTIVA COURT ORLANDO FL 32817	8623 CAPTIVA COURT ORLANDO FL 32817

3. Date Incorporated or Qualified: **11/14/1978**
3a. Date of Last Report: **04/08/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: **59-1886146** ☐ Applied For ☐ Not Applicable

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

6. [illegible] ☐ **$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

FREEMAN, THOMAS G. ESQ.
1009 E. HIGHWAY 436
P. O. BOX 70
ALTAMONTE SPRINGS FL 32715-7070

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 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 [illegible] DATE

12. OFFICERS AND DIRECTORS		13. [illegible]
TITLE	SD	11 TITLE ☐ Change ☐ Addition
NAME	TREXLER, BONNIE JEAN	12 NAME 500001545525 -07/25/95--01068--025
STREET ADDRESS	8623 CAPTIVA CT	13 STREET ADDRESS ****200.00 ****200.00
CITY ST ZIP	ORLANDO, FL 00000	14 CITY ST ZIP
TITLE	VD	21 TITLE ☐ Change ☐ Addition
NAME	TREXLER, MICHAEL F	22 NAME
STREET ADDRESS	8623 CAPTIVA CT	23 STREET ADDRESS
CITY ST ZIP	ORLANDO, FL 00000	24 CITY ST ZIP
TITLE	PDT	31 TITLE ☐ Change ☐ Addition
NAME	TREXLER, ERNEST J	32 NAME
STREET ADDRESS	8623 CAPTIVA CT	33 STREET ADDRESS
CITY ST ZIP	ORLANDO, FL 00000	34 CITY ST ZIP
TITLE		41 TITLE ☐ Change ☐ Addition
NAME		42 NAME
STREET ADDRESS		43 STREET ADDRESS
CITY ST ZIP		44 CITY ST ZIP
TITLE		51 TITLE ☐ Change ☐ Addition
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY ST ZIP		54 CITY ST ZIP
TITLE		61 TITLE 555 ☐ Change ☐ Addition
NAME		62 NAME 7/20/95
STREET ADDRESS		63 STREET ADDRESS
CITY ST ZIP		64 CITY ST ZIP

CR2E034 (3/95)

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 1, 2, or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ERNEST J. TREXLER, Esquire 6-7-95 407-678-5777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0013756 CP