

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1994		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS
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1. Corporation Name ECONO HOMES, INC.	DOCUMENT # 630493 (5)
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Mailing Address 2120 CORNWALLIS PKWY CAPE CORAL FL 33904	Principal Place of Business 2120 CORNWALLIS PKWY CAPE CORAL FL 33904
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/23/1979		3a. Date of Last Report 04/27/1993	
4. FBI Number 59-1917238		Applied For ☐ Not Applicable	
5. Certificate of Status Desired \$8.75 Additional Fee Required ☐		6. Election Campaign Financing Trust Fund Contribution ☐	
7. Nonprofit Exempt from \$138.75 Supplemental Fee ☐		\$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 FRISINA, PETER J. 2120 CORNWALLIS PKWY CAPE CORAL FL 33904		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	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 my appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505 or 617.0503, Florida Statutes.

SIGNATURE *Peter J. Frisina* DATE 5/10/94

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	S/O FRISINA, CATHERINE 2120 CORNWALLIS PKWY CAPE CORAL, FL 00000	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	P/O FRISINA, PETER J 2120 CORNWALLIS PKWY CAPE CORAL, FL 00000	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	197

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(2)(b), Florida Statutes. I release the Officers of Corporations from any liability of non-compliance with Section 119.07(2)(b) in the event that the information supplied is deemed exempt from public access. 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. I have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes, that I am an officer or director of the corporation or the treasurer or trustee empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *Peter J. Frisina* Peter J Frisina 5/10/94

SIGNATURE AND TYPE/ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR