SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 16, 1994.
AMOUNT DUE ON OR BEFORE 8/16/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $370)

CORPORATION ANNUAL REPORT **1994**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
94 JUL 14 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **632734** **(0)**

1. Corporation Name
CUSTOM HOME CONSTRUCTION, INC.

Mailing Address	Principal Place of Business
7642 A1A SO.	7642 A1A SO.
ST. AUGUSTINE FL 32086-8205	ST. AUGUSTINE FL 32086-8205

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/14/1979	3a. Date of Last Report: 04/23/1993
4. FEI Number: 59-1930730	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired: $8.75 Additional Fee Required ☐	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No	

2. Mailing Address	2a. Principal Place of Business
21: 13885 NW Hwy 27	26: Same
22 Suite, Apt. #, etc.: Ocala Fla	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip: 3448-	29 Zip
25 Country: U.S.	30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JONES, CAROL A 7642 A1A SO. ST. AUGUSTINE FL 32084	81 Name: CAROL A JONES 82 Street Address (P.O. Box Number is Not Acceptable): 13885 N W Hwy 27 83: 84 City: Ocala Fla 3448- FL 85 Zip Code:

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 the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505 or 617.0503, Florida Statutes.

SIGNATURE: Carol A Jones — June 13-94
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	S/T	11 TITLE	
12 NAME	JONES, CAROL A	12 NAME	
13 STREET ADDRESS	7642 A1A S.	13 STREET ADDRESS	13885 N.W. Hwy 27
14 CITY-ST-ZIP	ST. AUGUSTINE FL	14 CITY-ST-ZIP	Ocala Fla - 34482
21 TITLE	P	21 TITLE	
22 NAME	JONES, WILLIAM G	22 NAME	
23 STREET ADDRESS	7642 A1A S.	23 STREET ADDRESS	13885 N.W. Hwy 27
24 CITY-ST-ZIP	ST. AUGUSTINE FL	24 CITY-ST-ZIP	Ocala Fla 34482
31 TITLE		31 TITLE	
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY-ST-ZIP		34 CITY-ST-ZIP	
41 TITLE		41 TITLE	
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY-ST-ZIP		44 CITY-ST-ZIP	
51 TITLE		51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY-ST-ZIP		54 CITY-ST-ZIP	
61 TITLE		61 TITLE	
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY-ST-ZIP		64 CITY-ST-ZIP	

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 the 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 on an attachment with an address.

SIGNATURE: Carol A Jones — June 13-94 — 904-620-2591
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER (DATE) (Daytime Phone Number)