FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 23 AM 9:14

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

1. Corporation Name
CUSTOM HOME CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
13885 NW HWY. 27 OCALA FL 34482 US	13885 NW HWY. 27 OCALA FL 34482 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/14/1979**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JONES, CAROL A
13885 NW HWY. 27
OCALA FL 34482

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1.1 TITLE	☐ Change ☐ Addition
NAME	JONES, CAROL A	1.2 NAME	
STREET ADDRESS	13885 NW HWY. 27	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	JONES, WILLIAM G	2.2 NAME	
STREET ADDRESS	13885 NW HWY 27	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carol D Jones 1-16-95 904/620-2591
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0383008 CP

CORPORATION ANNUAL REPORT 1995

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

Note Enclosed are 2 cks to cover cost of annual Report 1/17/95

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8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

JONES, CAROL A
13885 NW HWY. 27
OCALA FL 34482

10. Name and Address of New Registered Agent
61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 Zip Code

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SIGNATURE ____ DATE ____

12. OFFICERS AND DIRECTORS	
TITLE	ST
NAME	JONES, CAROL A
STREET ADDRESS	13885 NW HWY. 27
CITY-ST-ZIP	OCALA FL
TITLE	P
NAME	JONES, WILLIAM G
STREET ADDRESS	13885 NW HWY 27
CITY-ST-ZIP	OCALA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE ☐ Change ☐ Addition / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP
21 TITLE ☐ Change ☐ Addition / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP
31 TITLE ☐ Change ☐ Addition / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP
41 TITLE ☐ Change ☐ Addition

14. I do hereby certify that the information ... certify that the information indicated on this ... oath; that I am an officer or director of the ... appears in Block 12 or Block 13 if change ...

SIGNATURE:

WILLIAM G. OR CAROL A. JONES
13885 N. U.S. HWY. 27 PH. 904-620-2001
OCALA, FL 34482

1221

1-17 1995 63-1036/631

PAY TO THE ORDER OF Dept of State of Fla. $ 36.25
Thirty-six 25/100 DOLLARS

CITIZENS FIRST BANK OF OCALA

MEMO Corp Annual Rep
Carol A Jones

⑆063110364⑆ 10 9584 3⑈ 1221

SAMAS ACCOUNT CODE	DOCUMENT NO.	OBJECT	DATE	WARRANT NO	63-69 630
45-202130001-45300000-00-22000000	05000258116	8600	12/06/94	1361710	

VOID AFTER 12 MONTHS

4-10 323 530

STATE OF FLORIDA